

Health Questionnaire for Healthcare Students

Following the offer of a place to study at the University of Liverpool, we are committed to ensuring equality of opportunity for students with impairments and health conditions. Your answers to this health questionnaire will help to ensure that your clinical programme training will not place your health at risk and will also help to determine your fitness to fulfil the requirements of the regulatory body of your chosen healthcare programme. You must complete this questionnaire honestly and declare any medical condition or disability which is or may be relevant to your course of study. You must not rely on your own assessment of risks posed to patients from your medical conditions.

Course of Study:	
Full Name and Title:	
Date of Birth:	
Contact email address:	
Contact Address:	
Contact Phone number:	

		Yes	No
1	Do you have any eyesight problems not corrected with glasses?		
2	Do you have any hearing problems not corrected with a hearing aid?		
3	Do you have any other problems with communication e.g. speech, reading, spelling?		
4	Do you have any difficulty with walking, standing, bending, lifting or other movements?		
5	Do you have any difficulty with co-ordination of your movements e.g. writing, dressing?		
6	Have you ever had any mental health problem? (including anxiety, depression, self-harm, eating disorders or addictions)		
7	Have you ever been treated by a Psychiatrist, Psychologist or Counsellor?		
8	Have you ever had drug or alcohol problems or dependence?		
9	Have you ever had any disorder which affects your memory or ability to concentrate?		
10	Have you ever had blackouts, epilepsy or any condition causing loss of consciousness?		
11	Do you have any allergies?		
12	Do you have any skin disorder, such as eczema or psoriasis?		
13	Do you have any other medical condition which may affect training or working?		
14	Have you been absent from work or study due to illness in the last two years?		
15	Are you having or awaiting any investigation or treatment of any kind at the moment?		
16	Do you take any regular medication?		
17	Have you had any health problem which was caused or made worse by work?		
18	Do you have health problems with which you need support during your training?		
19	Do you consider yourself to be disabled or have you declared a disability to the University disability support service?		
20	Do you have any impairment or disability which may affect your ability to work safely?		

If you have answered yes to any of the above, please give further details below:

If you have any serious communicable disease which could be transmitted to patients, such as HIV, Hepatitis B, Hepatitis C or other blood borne viruses, you must declare this in confidence to the Occupational Health Service. If aspects of your training involve a risk of transmission to patients, you must not attend such training until the risk has been assessed and measures to prevent transmission agreed and implemented. You must not rely on your own assessment of the risks posed to patients. Please complete the vaccination section where possible. If you provide dates of vaccinations you must provide suitable documentary evidence of the proof of these vaccinations.

You should also request a copy of your vaccination history from your NHS GP or other healthcare provider. Please attach any documentary evidence of vaccinations to this form.

Vaccine	Yes	No	Date	Date	Date
TB test (Mantoux or IGRA)					
BCG (TB vaccination)					
Hepatitis B immunisation course			1 st Dose	2 nd Dose	3 rd Dose
Hepatitis B antibody test					
MMR immunisation x 2			1 st Dose	Booster	
Chickenpox infection					
Varicella Zoster vaccination			1 st Dose	2 nd Dose	

Declaration and Consent

I have answered all questions on the health questionnaire accurately, honestly and fully.

Signature:		Date:	
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Once you have completed all sections, you should then scan and email a PDF version of the form and documentary evidence of any vaccinations received to ohadmin@liverpool.ac.uk

Alternatively, you can send paper copies to the address below

The Occupational Health Service, University of Liverpool, 28 Oxford Street, Liverpool L69 7WX.

Keep a copy of your form for reference. Please also ensure there is sufficient postage on your envelope as we do not collect items with insufficient postage from the Post Office

Our Occupational Health Nurse will contact you about arrangements for obligatory immunisations and tests.

A recommendation with regard to your fitness to train, and any additional support which you may need, will be based on the health questionnaire and the occupational health assessment.

Occupational health records are held in confidence by the University Occupational Health Service.

Medical details will only be given to managers/healthcare schools in so far as it is necessary for them to discharge their management responsibilities, in accordance with the General Data Protection Regulation.