

## **Health Screening Procedure**

### **Introduction**

Pathways School is committed to providing equal opportunities under the Equality Act 2010. The following procedure is designed to determine an individual's fitness for their job and to identify any appropriate reasonable adjustments or equipment which may support the individual to perform their role, as well as any safety measures including on-going health surveillance.

This procedure applies to all new staff and any existing staff offered a new post within the school.,

### **Process**

Recruitment to new posts will involve evaluating successful applicants against the health screening requirements of the post they will occupy.

All successful candidates will complete a Health Declaration Form.

All medical and personal information provided by employees will be held confidentially by Pathways School and will be subject to the provisions of the Data Protection Act 1998, Medical Reports Act 1988 and GMC Guidance on Confidentiality 2009.

Information from this form will only be released to others with the employee's consent. If health issues come to light which may impact on the employee's ability to carry out the role, the employee will be required to advise the Head teacher accordingly, subject to the legal requirements and guidance governing confidentiality and consent.

If adjustments are required to the duties of a job or to the workplace for health and safety reasons, information about the adjustments required may be divulged to the individual's line manager.

The original questionnaire and all supporting documents will be retained confidentially by the school.

If queries or concerns should later arise regarding an employee's fitness to perform any aspect of their role, line managers may refer the employee to the Head teacher for further assessment and advice.

## Results of the Screening

Once an applicant's health screening questionnaire has been assessed, a form will be filled out by the Head teacher (or Chair of Trustees, if it is regarding the Head teacher) stating if the applicant is:

- *'Fit, or*
- *'Fit with adjustments/restrictions as follows' or that*
- *'Further information is being sought*

It is expected that the majority of questionnaires can be processed within a week of receipt. If further information is required from an applicant, an appointment will be organised with the Head teacher (or Chair of Trustees).

A form that states *'Fit with the following adjustments/restrictions'* will include further advice about adjustments or restrictions that the individual will require in order to perform the role. These could be due to a disability covered under the terms of the Equality Act. If necessary, a fuller report or description of the applicant's requirements will be provided.

Where further information is required, the notification: *'Further information is being sought'* may be used. This might be because we are writing to an applicant's GP or Consultant regarding a medical condition.

# Health Questionnaire

## Private and Confidential

### 1. General Information

Name:

Address:

Telephone number:

Email address:

Date of birth:

Job title:

### 2. Present Health

Please complete the following questions by ticking the relevant box. Be sure to provide all additional information in the space provided.

2.1 How would you describe your level of present health?

Excellent	<input type="checkbox"/>	Please provide further details:
Good	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	
Poor	<input type="checkbox"/>	

2.2 Do you have a disability as defined under the Employment Equality Act or Disability Act?

Yes	<input type="checkbox"/>	If yes, please specify
No	<input type="checkbox"/>	

2.3 Do you smoke?

Yes	<input type="checkbox"/>	If yes, please specify quantity smoked per day:
No	<input type="checkbox"/>	

2.4 Do you drink alcohol?

Yes		If yes, please quantity your weekly intake:
No		

2.5 Do you take non-prescription drugs regularly?

Yes		If yes, please specify
No		

2.6 Do you take non prescription drugs regularly?

Yes		If yes, please specify
No		

2.7. Are you currently under the medical care of a doctor or hospital?

Yes		If yes, please specify
No		

2.7 Are you currently on a waiting list for hospital treatment?

Yes		If yes, please specify
No		

2.8 How often have you visited your doctor in the last year?

Yes		If yes, please specify
No		

2.8 Are you currently required to wear glasses or contact lenses?

Yes		If yes, please specify
No		

2.10 Do you have problems or have you had any problems in the past with any of the following:

Standing	
Walking	
Lifting	
Bending	
Moving your back Using your hands or elbows	
Climbing stairs	
If the answers to any of the above is yes, please provide details:	

2.9 Do you need any special aids, adaptations or support to assist you at work, whether or not you have a disability?

2.10 Is there anything else in relation to your health which you feel we should be aware of?

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### 3. Medical History

Have you ever had or do you now suffer from any of the following:

	Yes	No	Please specify:
Lung/chest problems? e.g. asthma, TB, pneumonia, bronchitis			
Heart problems or circulatory disorders? e.g. heart murmur, heart attack, high blood pressure?			
Stomach/bowel/liver/gallbladder or pancreatic problems?			
Kidney disorder? e.g. Kidney stones/infections or kidney failure?			
Diabetes?			
Disorders of the nervous system? e.g. blackouts, migraine, epilepsy, stroke?			
Psychiatric or mental health problems? e.g. anxiety, depression, nervous breakdown, or anorexia?			
Fatigue syndrome? e.g. post viral fatigue, M.E., burnout etc.?			
Have you ever had an operation?			

3.1 Have you received care on an ongoing basis for a doctor or hospital in the past five years?

Yes		If yes please specify
No		

3.2 Have you ever been treated or had counselling for alcohol or drug abuse?

Yes		If yes please specify
No		

**Declaration**

I declare that the information I have given is true and complete to the best of my knowledge and that I have not withheld any material facts. I understand that I am responsible for the accuracy of my statements and that if I wilfully suppress any information that I risk the loss of the appointment.

**Signed**

**Date**

**Consent to Seeking Medical Information**

I consent to Pathways School seeking further information from any doctor or health professional who at any time attended me concerning anything which affects my physical or mental health if deemed necessary by the College Health Service.

**Signed**

**Date**

## Health Questionnaire

### Private and Confidential

#### To be completed by the employer:

Applicant Name:

Position:

The applicant is:

- "Fit" for the position
- 'fit' with adjustments/restrictions as follows:
  
- Further information is being sought. Please explain further:
  
- Not "fit" for the position

Comments:

Signed

Date



## Covid-19 Screening Questions

1. Do you or any member of your household/family have a confirmed diagnosis of COVID-19? Are you or any member of your household/family/ awaiting a COVID-19 test result?

Yes	No
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2. Are you or any member of your household waiting for a COVID-19 test result?

Yes	No
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3. Have you had any of the following symptoms: a new, continuous cough or a loss of, or change to, your sense of smell or taste, or high fever?

Yes	No
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4. Have you travelled internationally in the last ten days?

Yes	No
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I have read and understood the questions I have been asked in relation to my health and have provided accurate answers.

Signed..... Date .....