

# BCH Occupational Health Work Health Questionnaire

**Confidential**



**INSTRUCTION FOR MANAGER** - Please complete pages 1 and 2

Employee Name	Not known	Home Force:	HERTS
Department: DFIU	Proposed Role: A5 Digital Forensic Investigator	Proposed start date (if known): Not known	

Please Tick One

Existing Employee*		External Candidate		Student/Placement/ Work Experience		Previous Employee Beds/Cambs/ Herts (please annotate which Forces apply)	
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\*Location, current role (for existing employees only).....

HR Contact:		Line Manager:	
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## INSTRUCTION FOR APPLICANT

- Read the information on pages 1 and 2
- Print, complete pages 3 to 5, sign (a wet signature is required) and date the Work Health Questionnaire.
- Return the completed form directly to the Occupational Health indicated below. The completed form can be either posted or e-mailed

Beds Applicants return to		Cambs Applicants return to		Herts Applicants Return to	
<p>BCH Occupational Health Sandy Police House 17 Bedford Road Sandy SG19 1EL</p> <p>Tel: 01234 858244</p> <p><a href="mailto:OHUNorthern@bedfordshire.pnn.police.uk">OHUNorthern@bedfordshire.pnn.police.uk</a></p>				<p>BCH Occupational Health Hertfordshire Constabulary Stanborough Road Welwyn Garden City Herts AL8 6XF</p> <p>Tel:: 01707 354130</p> <p><a href="mailto:OHUSouthern@Herts.pnn.police.uk">OHUSouthern@Herts.pnn.police.uk</a></p>	

**Failure to complete the necessary information may cause a delay to your assessment and commencement of role.**

Bedfordshire, Cambridgeshire & Hertfordshire Police Forces attach great importance to the health and wellbeing of its staff. The purpose of this Work Health Questionnaire is to ensure that any health factors, which may affect your ability to do your job, can be fully considered. A disability or health condition does not preclude full consideration for the specified job; however, Occupational Health will advise management on your medical capability to undertake the role as specified on page 2.

In some circumstances Occupational Health will need to contact you to either clarify an answer or perform further specific health assessment. If this is necessary the Occupational Health will contact you directly.

The information which you provide will be treated as confidential and used solely for the purposes of assessing your medical capability to undertake the specified role without putting the health and safety of yourself and others at risk.

**The information you have given is gathered, confidentially stored and retained in accordance with the lawful processing of information in accordance with the GDPR (General Data Protection Regulation) May 2018.**

The implications will only be discussed by Occupational Health, with Line Management and, where appropriate, with Human Resources, if any adjustments, as defined in the Equality Act 2010 are required for the performance of the job.

## JOB DEMANDS AND POTENTIAL HAZARDS FORM

### For the Manager:

- Please read the list below carefully and tick in column **A** those demands & potential hazards applicable to the intended role as determined by the risk assessment for the role.
- Please forward the completed form to the HR Service Team (HRST) to send to the employee for completion of pages 3 to 5 of this Work Health Questionnaire
- Please be aware Occupational Health will base their decision regarding capability **only** against the demands and hazards you have indicated

Job Demands		A ✓	B Numbers in this column refer to questions on pages 3-5
<b>Night Work</b> (as per working time directive)			1,2, 7
<b>Driving</b>	For example, Courier within HC Fleet & Courier Service (this does not include driving to and from work)		1,2,4
<b>Display Screen Equipment</b>	Force Control Room only		1,2,5,6,7
<b>Manual Handling</b>	For example, Site Engineer, Station Reception Officer, Police Community Support Officers (PCSOs) due to the nature of their role		1,2,5
<b>Psychological</b>	For example, Force Control Room, PCSO's and vulnerable groups (for example SOIT, CAIU, PPU)	x	1, 2, 6
<b>Other</b>	<b>Work at Heights</b> (risk of fall >2 metre)		1,2,8
	<b>Confined spaces</b> (enclosed space nature where there is a risk of death or serious injury from hazardous substances or dangerous conditions e.g. lack of oxygen)		1,2,5
	<b>Lone Working</b>		1,2, 8
<b>Potential Hazards Requiring Health Surveillance</b>			
<b>Biological</b>	<b>Human Body Tissue/Fluids</b>		1,2,3a,3b, 9
	<b>Animals (Dog unit only)</b>		1,2,3a,3b, 9
	<b>Respiratory sensitisers e.g. Ninhydrine</b> (please specify)		1,2,3a,3b, 9
	<b>Other</b>		1,2,3a,3b
<b>Physical</b>	<b>Noise 1<sup>st</sup> Action level 80-84dB(A) TWA</b>		1,2
	<b>Noise 2<sup>nd</sup> Action level &gt;85dB(A) TWA</b> (where mandatory hearing protection and health surveillance is required)		1,2
<b>DSE</b>	All new employees will be required to complete DSE Training and an assessment on commencement of employment if they will be using a computer regularly for more than an hour a day i.e. they are defined as a Display Screen User in the DSE Regulations 1992.		

Form completed by:  
(Hiring Manager)

Beth SWALLOW 7859  
obo Mark RANDALL  
7020

Tel. No.: Date: 12/01/2021

**WORK HEALTH QUESTIONNAIRE  
CONFIDENTIAL**

**For the Employee:**

Please note that you will be required to sign a declaration at the end of this form and it is important that your answers are accurate and you do not withhold any information.

It is important that you disclose all medical information even though you may have disclosed it in a previous application to this Force or another Force.

Withholding information could subsequently result in your application not being progressed/termination of appointment.

- **Please complete questions 1 and 2 in all circumstances**
- Column **A** above indicates the job demands and potential hazards which are intrinsic to your role.
- Please answer any questions indicated in column **B** adjacent to any ticks in column **A**.

<b>Surname:</b>	<b>Forename:</b>	<b>Date Of Birth:</b>
<b>Address:</b>		
<b>Home Telephone Number:</b>	<b>Mobile Telephone Number:</b>	
<b>Email address:</b>		

1. Have you ever had, or do you have any long-standing or temporary health condition(s), including recent surgery or injury?

Yes/No

If **YES**, please provide details, including any medications:

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2. Do you require any accommodations, aids or adjustments, which are necessary for you to perform the proposed role?

Yes/No

If **YES**, please provide details:

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Please complete the questions below,

**Q3a** Do you have any known allergies to medicines, chemicals or other substances e.g. animals, plants, pollen, food, etc, including hay fever? Yes/No

If **YES**, please indicate what you are allergic to, and to what degree this affects you. Also detail any medication you use to control your symptoms, including how often

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**Q3b** Do you suffer, either permanently or intermittently from any skin (e.g. eczema, psoriasis, rash) or respiratory (e.g. asthma, chronic bronchitis, emphysema) disease? Yes/No

If **YES**, please indicate how and to what degree this affects you, including any medication you use and how often.

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**Q4** Have you ever reported, or been advised by a doctor, to report, to the Driver and Vehicle Licensing Agency (DVLA), or equivalent body, a health condition that affected your ability to drive? Yes/No

If **YES**, please provide details of the condition and the action taken by the DVLA

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**Q5** Do you suffer with, or have you ever suffered with any condition affecting your bones, joints, (e.g. fracture, rheumatoid arthritis, frozen shoulder) muscles, ligaments, tendons or other soft tissue (e.g. lower back pain, tennis elbow, bursitis, carpal tunnel syndrome)? Yes/No

**Even if you have answered No please state your height and weight.**

What is your height.....

What is your weight?.....

If **YES**, please provide details, including any treatment and medication, and to what degree this condition affects you.

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**Q6** Have you ever suffered from anxiety, depression, mental breakdown, stress related problems, trauma related symptoms or eating disorders e.g. anorexia nervosa, bulimia or self-harming? Yes/No

If **YES**, please provide details, including any treatment and medication, and to what degree this affects you.

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**Q7** Do you suffer from any of the following health conditions? Yes/No

Diabetes, heart or circulatory disorders, stomach or intestinal disorders, any condition which causes difficulty sleeping, chronic chest disorders, especially if night time symptoms are troubling, any medical condition requiring medication to a strict timetable

If **YES**, please provide details, including any treatment and medication, and to what degree this affects you.

**Q8** Do you suffer from any of the following health conditions? Vertigo or any other condition which affects your balance, epilepsy, blackouts or any other loss of consciousness? Do you have a fear of heights?

Yes/No

Please continue overleaf.....

**Q9**

Have you received any Hepatitis B vaccinations or had a serology blood test?

If yes, please state the dates and the result of the blood test:

**1<sup>st</sup> vaccination -**

**2<sup>nd</sup> vaccination -**

**3<sup>rd</sup> vaccination -**

**Booster -**

**Hepatitis B serology blood test –**

Dates of Tetanus vaccinations:

**1<sup>st</sup> vaccination –**

**2<sup>nd</sup> vaccination –**

**3<sup>rd</sup> vaccination –**

**Booster -**

### Declaration

I consent to the processing of personal data, which I have given in this form for the purposes stated above. To the best of my knowledge and belief, having read the “Job Demands and Potential Hazards” information and understanding the proposed work, I declare the statements on The Work Health Questionnaire and the supplementary questions (if applicable) to be true.

I understand that giving false information, or omitting relevant information, may result in my application not being progressed or may be treated as a disciplinary offence, and that disciplinary sanctions may be applied, up to and including dismissal.

I also understand that Bedfordshire, Cambridgeshire or Hertfordshire’s Occupational Health Unit may wish to approach my own doctor or specialist (if necessary), but understand that this will not occur without my knowledge and consent.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Wet signature required)