

## South Gloucestershire Occupational Health

### SAFETY CRITICAL WORK HEALTH SCREENING FORM

Your manager has advised us that your role will involve safety critical work. The Occupational Health Service therefore requires information about any significant physical or sensory impairment that may increase the risk of accident or illness at work so that we can assess and advise on any precautions or support measures necessary to mitigate the risk, if appropriate. After discussion with you, we will then advise your manager in regards to these. We will not divulge any underlying health issues without your full consent.

NAME		DATE OF BIRTH	
JOB TITLE		NI NUMBER	

1.	Have you ever had blackouts, seizures or fits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you ever been diagnosed with a heart condition or an irregular heartbeat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you ever had repeated episodes of giddiness or vertigo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you have any condition that affects your balance or coordination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you take any medication (prescription / over-the-counter) that can cause drowsiness, e.g. sedatives, anti-depressants, anti-histamines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Do you have a condition, such as diabetes treated with insulin or drugs that may cause a sudden loss of consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do you have any visual problems that are not corrected with glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Does your alcohol intake impact on your performance in the workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you have a physical or mental impairment which may impact on your safety at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. I declare that all the questionnaire responses are true to the best of my knowledge.
2. I understand and accept that I may be required to attend for an Occupational Health assessment or health surveillance.
3. I understand and accept that further medical information may be requested from my doctor if considered necessary and subject to the occupational health adviser obtaining my consent under the Access to Medical Reports Act 1988.

Signature:

Date: