



## **Medical Questionnaire Policy**

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Approved by the Proprietor	Keith Boulter
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## Medical Questionnaire Policy

### PART 1: POLICY FOR STAFF

Broadlands Hall School takes its child protection and other legal responsibilities very seriously. Any offer of appointment to a successful candidate will be conditional upon the satisfactory completion of those pre-appointment checks that are prescribed by the law. This may include a medical check which confirms a teacher's mental and physical fitness to teach and a candidate's fitness to carry out the duties of the post for which they are applying.

We are an equal opportunities employer and welcome applications from all candidates. All our prospective employees are asked to complete identical pre-employment questionnaires.

Candidates should bear in mind that the law provides that they must consent before a medical report can be obtained from their *own* doctor for employment purposes, and that they are entitled to see their report.

A sample of our confidential pre-employment questionnaire is available upon request. All completed questionnaires are stored securely in Staff Files in a sealed envelope. These are kept in a locked area of Broadlands Hall School. Access is restricted to the School Doctor and the Nurse, who will advise the Principal and Head of Education on the appropriateness of confirming the appointment. Thereafter, they will form part of an employee's medical records and will not be disclosed to any third party. Medical records are securely destroyed after an individual leaves the employment of the school.

In the event that, after taking up employment, a staff member starts a course of treatment or medication that may have an effect on their work and would have been declared in the original Health Questionnaire, they are required to request and complete another Health Questionnaire immediately and discuss the matter with the Head Teacher. If a staff member is unsure about whether their treatment or medication is of material concern they should discuss the matter directly, in confidence, with the Head Teacher who will advise accordingly.

Name:	Post:
Address:	Telephone Number: Home: Daytime: Mobile:

#### **For Office use only**

Date received by Barnardiston Hall
Recommendation:            [A]                            [N]                            [D]

**THIS HEALTH QUESTIONNAIRE WILL REMAIN CONFIDENTIAL TO THE BARNARDISTON HALL MEDICAL STAFF**

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING**

1. I declare that all the following statements are true to the best of my knowledge. I accept that, in the event of me being employed and it subsequently being shown that medical information has not been disclosed by me, or has been misleading or false, Barnardiston Hall Preparatory School may terminate my employment.
2. I understand that I may be required to attend for consultation and physical examination.
3. I understand that, although this form will be treated in medical confidence, further medical information may be requested from my doctor if considered necessary.

**Signature:**.....**Date:** .....

**1. Personal Details:**

Surname:	Title (Mr, Mrs, Miss Ms, Doctor)
Forenames:	Date of Birth:
Address:	GP: Dr
Telephone:	Telephone:

**2. Job Applied For:**

Job Title:	
Department:	
Site:	
<b>I believe that the job involves (please tick)</b>	
Working with computers	[ ]
Maintenance work	[ ]
Working with motorised machinery	[ ]
Manual handling	[ ]
<b>Exposure to /work with the following:</b>	
Animals / animal products	[ ]
Chemicals	[ ]
Biological matter (ie blood)	[ ]

**3. Health Details:**

Do you suffer from allergies or ever had a reaction to any substance	<b>Yes / No</b>
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<b><i>If yes, give details:</i></b>	
What is your height?	What is your weight?

Are you suffering, or have you ever suffered, from any of the following? If yes is answered to any of the questions, please give details of treatment and / or medication in the space on Page 7.

	Yes / No	At what age?	Did you see your GP?	Did you see a Consultant?	No of days off?
Heart disease of any kind					
High blood pressure					
Asthma (shortness of breath)					
Chest diseases					
Persistent cough					
Unexplained weight loss					
Indigestion					
Frequent diarrhoea or constipation					
Any form of bowel disease					
Jaundice, gall bladder or liver disease					
Hernia					
Kidney disease or stones					
Tropical disease					
Back pain or disorder					
Neck pain or disorder					
Rheumatism or arthritis					
Epilepsy or flicker epilepsy					
Mental health problems					

Stress at home or work					
Eye disease or eye infection					
Deafness or ear disease					
Skin disease, eczema, psoriasis					
Allergic conditions					
Diabetes					
Blood disorder, anaemia or haemophilia					
Any form of cancer					
Any condition requiring surgery					
Any work-related medical condition					
Bladder, prostate, Testicular problems (males)					
Irregular / painful periods (females)					
Severe headaches / migraine					

Are you currently in good health?	YES / NO
<b>If yes to any of these questions, please give details on page 7</b>	
Have you had any illness or accident requiring admission to a hospital or clinic within the last two years?	YES / NO
Have you attended any accident or emergency departments within the last two years?	YES / NO
Have you had any major operations?	YES / NO
Are you receiving any treatment from your doctor?	YES / NO
Do you have any dental problems?	YES / NO
Have you had a chest X-Ray in the last three years?	YES / NO
Have you ever left or been denied a job or place on a course on health grounds?	YES / NO
Are you on a disablement register?	YES / NO

If so, please give number: .....	
Are you attending an outpatient clinic or on a hospital waiting list?	YES / NO
Have you ever been treated for abuse of an addictive substance?	YES / NO
Are there any medical conditions which seem to run in the family?	YES / NO
Have you any disabilities affecting standing / walking / lifting / driving / stair-climbing or use of the hands?	YES / NO
Have you experienced any problems with Visual Display Units (VDUs) including visual problems, shoulder pain or wrist pain?	YES / NO
Have you experienced any problems in confined spaces / using lifts	YES / NO
Have you suffered / do you suffer with any mental health problems?	YES / NO
Do you take recreational (non-prescribed) drugs or have you done so in the past?	YES / NO

How many days sickness have you taken in the last 12 months and on how many occasions?	
Do you smoke? If so, how many per day?	
Do you drink alcohol? If so, how many units per week? <i>(approximate values are 1 pint = 2 units, 1 short = 1 unit, 1 glass of wine = 1 unit)</i>	

#### 4. Vaccination History

Triple vaccine (in childhood)	YES / NO
Tetanus	YES / NO
Skin test (heaf/tine/mantoux)	YES / NO
BCG (for tuberculosis)	YES / NO
Polio	YES / NO
Hepatitis B	YES / NO
Hepatitis B post vaccination blood test (provide report if possible)	YES / NO
Rubella	YES / NO
Others (give details)	YES / NO

#### 5. Infectious Diseases History:

<b>Have you ever had any of the following diseases?</b>	
Chicken Pox	YES / NO

Shingles	YES / NO
Tuberculosis	YES / NO
Hepatitis A/B/C	YES / NO
Food Poisoning	YES / NO

**Further Information:**

Use this area to give further details from the previous questions and details of any other health conditions that you are suffering from or have suffered from in the past.

Thank you for completing this health questionnaire.

Please now send it to: Mr Shane Rowe, Broadlands Hall School, Haverhill Road, Little Wratting, Haverhill, Suffolk CB9 7UD

**PART 2: POLICY FOR PUPILS AT BROADLANDS HALL SCHOOL**

THE MEDICAL CENTRE

We have a medical room at Broadlands Hall School.

## MEDICAL RECORDS

The Homes in the Group keep records of all treatment and immunisations that children receive during their time at Broadlands Hall School. We also record all accidents and injuries to children and these records are shared with the Home. Access to these records is restricted to the Medical Staff and the Care Home Manager.

All medical records will be stored by the Home and are passed onto the placing authority when a child leaves its care.

## IF A CHILD BECOMES ILL

We will always contact the Care Home if a child suffers anything more than a trivial injury, or if he becomes unwell during the School day, or if we have any worries or concerns about his health. We will return a child to the Care Home if he becomes ill during the school day.

## EMERGENCY MEDICAL TREATMENT

When a child is accepted for placement at Broadlands Hall Care Home, an authorisation is received by the legal guardian (parents or court) to ensure that emergency treatment can be given. This consent form is held in the child's file which is held in the Home.

## MEDICINES AND TREATMENTS BROUGHT TO SCHOOL BY PUPILS

No medication (other than asthma inhalers) should be brought into the School by students. Any medications which need to be administered during the School day must be booked in with the Head Teacher who will secure them safely in the Medicines Cabinet in the School Office. The Head will ensure that staff trained to dispense medication will oversee the safe administration of the medication and will sign the appropriate documentation as required. MARS sheets provided by the Homes will be returned to the Home at the end of the medication period, together with any unused medication.