

Appendix 5: Health assessment form

UNIVERSITY OF
BIRMINGHAM
Occupational Health Unit

FIRST AID TRAINING HEALTH ASSESSMENT

In confidence to Occupational Health Staff only

The information you are being asked to provide will be used to assess whether you have a health condition that may affect your ability to undertake the role of a First Aider at Work. Please complete the form as fully as you can and return to the Occupational Health Unit in a sealed addressed envelope marked as Private and Confidential.

Surname: _____ First name: _____

Date of Birth: _____ Payroll/ID number: _____

Department: _____ Ext No: _____

1 Are you taking any prescribed or over the counter medicine/medication? Yes No
If yes, please give details :

2 Do you have any pain, stiffness or restricted movement affecting your waist, neck, upper or lower limbs? Yes No

3 Do you have a condition which may cause a sudden loss of consciousness? Yes No
(e.g. epilepsy, diabetes)

4 Do you have heart disease? Yes No

5 Do you have a history of mental health problems? Yes No
(including anxiety, depression, dementia)

6 Do you have a condition which may prevent you from being independently mobile in medical emergencies? Yes No

7 Are you able to lower yourself to the floor safely and easily? Yes No

8 Do you experience shortness of breath on climbing a flight of stairs? Yes No

Relevant Medical History: _____

Data Protection Act 1998

I understand that all information supplied will be stored electronically and/or as paper records and will be processed in accordance with the Data Protection Act 1998. I further understand that this information will be retained by the University after my employment has ceased in accordance with the University's records management procedures and then destroyed in a secure manner.

Declaration

The information I have provided above is true and accurate to the best of my knowledge.

Signed: _____ Date: _____