

Pre-Course Health Questionnaire for Faculty of Health Sciences – 2021 application cycle

- Medicine (A100, A108)
- Dentistry (A206, A208)
- Dental Hygiene and Therapy (B750)
- Veterinary Nursing (D313)
- Veterinary Science (D100, D102, D108)

Introduction

The University of Bristol Faculty of Health Sciences is responsible for determining the fitness to practice of their students and therefore protecting, promoting and maintaining the health and safety of the public. Applicants need a sufficient standard of physical and mental health to enter and remain in their profession. Therefore, assessment of medical fitness forms a key element of your application process.

All candidates offered a place are required to complete and return the enclosed confidential declaration of health questionnaire. The questionnaire asks candidates to disclose specified medical conditions and to provide information on any disability/health condition that may require support whilst they are studying.

The University of Bristol is committed to ensuring equality of opportunity for students with disabilities and health conditions. Most health conditions even if substantial, should not impede you from being accepted for training. If you have a health condition which would make it impossible for you to work safely with patients or to acquire the skills necessary to complete training, even with adjustments and support then you cannot be accepted onto the course. You should not assume that a health condition will prevent you being able to take up your offered place. The health and fitness requirements are defined for medical students in the GMC publication, *Promoting excellence: standards for medical education and training*, available at www.gmc-uk.org. The health and fitness requirements are defined for Dental students in the GDC publication, *Preparing for Practice (revised 2015)*, available at www.gdc-uk.org. For Veterinary students more information can be found in the RCVS *Code of Professional Conduct for Veterinary Surgeons* and the RCVS *Code of Professional Conduct for Veterinary Nurses*, available at www.rcvs.org.uk/setting-standards/advice-and-guidance/.

Please complete the enclosed health questionnaire and immunisation record. All sections of this form including the signed declaration must be completed or this form will be returned to you to complete, leading to a delay in the application process.

Once you have completed all sections please return as soon as possible and at the latest by 25 June 2021, via your applicant dashboard.

If you declare a health condition which could affect you in your training, an Occupational Health Advisor will contact you for more information. Medical information will not be shared outside of the Occupational Health Service without your consent apart from in exceptional circumstances in line with medical confidentiality guidance.

If you do not commence the course the form will be destroyed in line with General Data Protection Regulation (GDPR) and University policy.

Please note that for medical and dental students, during your first term at University you will be seen by the Occupational Health Service and be tested for current Hepatitis B, C and HIV infection to comply with current Department of Health Guidelines, Guidance from the Medical Schools Council, Public Health England, Health Protection Scotland, The Association of UK University Hospitals and Higher Education Practitioners, and University of Bristol policy.

Tests performed elsewhere must be repeated in the UK, by an accredited laboratory, holding full or provisional accreditation status.

University of Bristol Occupational Health Service

The information provided will be treated as confidential and seen only by the University of Bristol Occupational Health service which may also include our outsourced Occupational Health Physician. Based on your responses, relevant advice and information may be shared with the Faculty of Health Sciences with your consent. Please complete using black ink.

Section 1: Personal Details	
Title	
Family name	
Given name(s)	
Date of birth	
Male / Female / Prefer not to say	
Contact address	
Postcode	
Home telephone number	
Mobile number	
E-mail address	
General Practitioner (Name/address and telephone number)	
Course Title	
Course Start Date	
Have you lived in any other countries other than the UK in the past 5 years?	Yes / No (Please circle)
If yes , please detail the name of all countries you have lived during the past 5 years and dates you resided in these countries	

Section 2: Your Functional Capabilities

Do any of the following present you with difficulty? Please tick answer		Yes	No
a	Mobility eg walking, running, using stairs		
b	Agility eg bending, reaching up, kneeling down, maintaining balance		
c	Dexterity eg getting dressed, writing, using tools		
d	Physical exertion eg lifting, carrying, running		
e	Communication eg speech		
f	Vision impairment not corrected with glasses or contact lenses		
g	Hearing impairment		
If yes to any of the above, give details eg extent of disability or health condition, any support needs or adjustments required at your place of study or work.			

Section 3: Your Health

Please answer all the following questions. If you answer yes, please give further details, continue on a separate piece of paper if necessary.

1. Do you have, or have you ever had any of the following? Please tick answer		Yes	No
a	Chronic skin conditions? eg eczema, psoriasis		
b	Neurological disorder? eg epilepsy, fits or blackouts, multiple sclerosis		
c	Allergies? eg to latex, medicines, foods, animals		
d	Endocrine disease? eg diabetes		
e	Respiratory conditions? eg asthma		
f	Cardiac/Circulatory conditions?		
g	Sudden loss of consciousness? eg a fit or seizure		
h	Chronic fatigue syndrome?		
i	An eating disorder? eg bulimia, anorexia nervosa, compulsive eating		
j	Drug or alcohol dependency problems?		
k	Mental health condition? eg anxiety, depression, schizophrenia, bipolar affective disorder, stress related illness, OCD or personality disorders		
l	Have you ever been treated by a psychiatrist, psychotherapist or counsellor?		
m	Have you ever been diagnosed or treated for Tuberculosis (TB)?		
n	Have you ever tested positive for Hepatitis B, Hepatitis C or HIV?		

If **yes** to any of the above, give details eg diagnosis, when condition developed, how long it lasted/does it still effect you and how, treatment, and outcome, adjustments required at your place of study or work. Please continue a separate sheet if necessary and ensure any attached sheets have your name and date of birth clearly stated on them.

2. Are you currently taking any regular medication or receiving any treatment? Please tick.	Yes	No
If yes , give details		

3. Do you have any disability or health condition not already mentioned which you think that you may require support or adjustments during your education or training? Please tick.	Yes	No
If yes , give details		

University of Bristol Occupational Health Service

Immunisation Record

Please complete this form and return with your pre-course health questionnaire.

Section 4: Personal Details

Please complete the below relevant information in section 5 and attach an official immunisation history print off from your GP surgery, which must be stamped and dated. If this section is not completed with documented evidence from your GP, then this form will be returned to you to complete and your application will be delayed.

Title	
Family name	
Given name(s)	
Date of birth	
Male / Female/ Prefer not to say	

Section 5: Immunisation History
Please add the dates of any immunisations undertaken in the relevant boxes below

Vaccination received	1st Dose	2 nd Dose	3 rd Dose	Booster	Booster
Hepatitis B					
Measles, Mumps & Rubella (MMR)					
Mantoux Test					
Tuberculosis (BCG vaccination)					
Chickenpox (Varicella)	Have you ever had chicken pox? Yes/No Approximate year?				
If yes, which country did you live in at the time?					
Varicella Zoster blood test	Yes/No If yes, please attach copy of blood test result				
Hepatitis B antibody test	YES/NO If yes, please attach a copy of blood test result				

Section 6: Declaration

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I understand that I may be contacted by a member of the Occupational Health service to attend for a more detailed assessment which may include onward referral to an occupational health physician. I understand that the University of Bristol Faculty of Health Sciences will be informed of any disability or medical condition that could require support or affect my fitness to practice with my consent. I also understand that I have a responsibility to inform the Faculty if this declaration of health changes before commencing my course at the University.

I agree for the Occupational Health Service to use my mobile phone number to send me notifications, appointment reminders and passwords to encrypted documents sent via email (you can change your mind at any time by notifying us via email student-occhealth@bristol.ac.uk).

I declare that all the statements and information provided on this form are true and complete to the best of my knowledge and belief, and I am aware that any false statements may affect my application or continuation on the course.

Signed: _____ **Date:** _____

For Occupational Health Office use only

For admin to complete	
Date entered on Orchid	Date clearance emailed to contact
If form incomplete date sent back to student N/A	
For OHN/OHA/OHM to complete	
Additional recommendations sent to Faculty contact Yes Date N/A	
Date immunisation record entered on Orchid	Signature of OHT/OHA/OHM
Date cleared	Signature of clearer OHT/OHA/OHM

Occupational Health Service

Immunisation information

Measles, Mumps and Rubella (MMR)

All applicants should have a documented history of two doses of MMR vaccine or serological evidence of rubella and measles immunity. Please record the date, result and attach a copy of the laboratory test if a blood test has been done. Past history of the illness/es alone is not sufficient evidence of immunity.

Diphtheria, Tetanus and Polio (DTP)

All applicants should have completed their primary immunisation programme as per Department of Health guidelines and the National Childhood Immunisation Programme. Although Occupational Health do not provide this vaccination, this should be checked with the GP, to ensure the primary immunisation schedule is complete.

Hepatitis B

It is advisable that Medical and Dental applicants should be vaccinated against Hepatitis B, using the following vaccination schedule of 0, 1 and 6 months, unless known to be immune through previous vaccination or infection. Please give dates of vaccination, it is appreciated that unless previously vaccinated, the course is likely to be incomplete when returning this form. If unimmunised against Hepatitis B, this will be provided once applicants have commenced on course.

Response to vaccine should be checked by an antibody test (anti-HBs) taken approximately eight weeks after the third injection. A level of >100 mIU/ml is evidence of satisfactory immunity. Please record the date, result and attach a copy of the laboratory test if a blood test has been done.

Varicella Zoster (VZV) – Chickenpox

A history of infection with chickenpox is adequate evidence of immunity if lived in temperate climates during childhood. If raised in tropical climates despite a history of chickenpox, VZV serological evidence may be required. VZV IgG positive indicates adequate protection; VZV negative indicates the need for two doses of VZV vaccine. We will offer vaccination to seronegative students once they commence their training.

Tuberculosis (TB)

Some applicants may have received a BCG vaccination for protection against TB at birth or in childhood. If this is the case, please provide evidence. All applicants will be assessed for TB in the form of a paper questionnaire once they have commenced their training. Applicants coming from high-risk areas for TB will be assessed for latent TB with a specific blood test. More details will be provided once on the course.

In accordance with national guidance additional screening tests will be undertaken by the Occupational Health Service on commencement of the course if clinically indicated.

Questionnaire Checklist

Before sending your questionnaire to us, please ensure you have:

- Completed all sections with your personal and health information and immunisation record evidence.
- Signed and dated the health declaration (section 6).
- Made a copy of the completed questionnaire for your records prior to submitting it.