

DECLARATION OF HEALTH



STUDENT HEALTH SCREENING

CHECKLIST FOR SUBMISSION OF HEALTH DECLARATION FORM AND VACCINATION HISTORY INFORMATION

Please use the checklist below to ensure you have included all the required documentation before submitting your form. Failure to do so will result in a delay to your health screening and subsequent registration.

Please tick boxes to confirm that you have enclosed all requisite information:

- Completed Health Declaration Form with all sections **FULLY** completed and application signed. Electronic copies are not acceptable.
- Copy of your Immunisation/Vaccination Record, this information should include details of the childhood vaccinations you have received and may be available from your childhood vaccination book, school records or GP Practice. (**GP Receptionist or Practice Nurse should be able to provide a printout of your vaccinations.**) These records should include details of your MMR vaccinations and also details HepB vaccinations including serology results if you have had a course of HepB vaccines
- Evidence of payment to Ulster University for Health Screening and vaccinations required – please print the receipt when you have paid online and attach to the declaration.
To make payment [click here](#):
- Photocopy of Photographic ID – i.e. Passport or Driving licence or Electoral identity card – NOT student ID. **DO NOT SEND ORIGINAL DOCUMENTS.**

Please do NOT staple any documents!

Mark the envelope ‘Declaration of Health’ and send the completed form together with vaccination record and payment receipt to:

Occupational Health
Ulster University
Room J810
Cromore Road
COLERAINE
Co Londonderry
BT52 1SA

Once you have completed all sections, you should then send the form to Ulster University’s Occupational Health Unit at the address above. **Keep a copy of your form for future reference. Please also ensure there is sufficient postage on your envelope, as we do not collect items with insufficient postage from the Post Office.**

Note A4 envelopes are considered LARGE items by the Post Office

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PROSPECTIVE STUDENT HEALTH ASSESSMENT

CONFIDENTIAL

Please read these instructions carefully:

Now that you have been offered a place at Ulster University, we need to know about any impairments or health conditions, which could affect you in your training so that, where appropriate, we can advise the School / Course Director / Student Support of any support needs you may require and how these can be provided.

We also need to ask about conditions, which could pose a risk to patients and to yourself so that we can assess these and consider how any risk can be avoided, whilst assisting you to successfully complete your course. Most health problems and impairments, even if substantial, should not impede you from being accepted for training but the School has to ensure that you are capable, with support if needed, of acquiring the core clinical skills and competences to qualify and that you are able to work safely with patients. If you have questions or concerns, we would be pleased to discuss these with you at the earliest opportunity.

Ulster University is committed to providing equality of opportunity for students with impairments and health conditions to complete their studies. Appropriate support can be provided for almost all circumstances, even if the effects of impairment or ill-health are substantial. However, because of the requirement to ensure both your safety and that of patients, through involvement in your training, if you have a condition, which would make it impossible for you to complete training, with adjustments and support by the University and the Trust, you cannot be accepted onto the undergraduate course. In this circumstance, Ulster University will endeavour to offer you a place on an alternative course.

As a potential future Healthcare professional, you have a duty to provide relevant information to the Occupational Health in the University. Failure to disclose information about a physical or mental health problem that could affect patient safety would be a breach of this duty and could result in disciplinary action. All medical and sensitive personal information you provide will be held in confidence by Ulster University Occupational Health Unit. The School / Student Support will only be informed of the effects of a health problem or impairment, if relevant to your educational needs or patient safety, and of recommendations on support or adjustments that could be of assistance to you.

If you declare any impairment or health condition which may require adjustment to the course programme, or affect fitness for work with patients, an Occupational Health Adviser will contact you to assist you further within the next 1-2 weeks.

Data Protection Information

If you join Ulster University this questionnaire will form the basis of your Occupational Health (OH) record.

- Records are held in confidence by the University's Occupational Health Unit, in line with the GMC/NMC guidance on Confidentiality.
- You may obtain access to your OH record by contacting the Occupational Health Unit.
- If you do require further information, contact the **Occupational Health Unit on 028701 23350.**

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If you have a disability, long-term medical condition or a mental health concern, there is confidential support within the University. Contact Disability Services within Student Support on the appropriate campus.

PLEASE COMPLETE IN BLOCK LETTERS: Please note we will use your home address for correspondence.

PERSONAL INFORMATION		
Course applied for		
Proposed entry date		Date of Birth
Full Name		
Contact No	Home:	Mobile:
Home Address		
Email Address		University email if known:
Doctor's Details	Name:	Address:
	Phone No:	
Next of Kin	Name:	Tel:

PREVIOUS SICKNESS ABSENCE: (IF APPLICABLE)

Have you been absent from work or school because of illness during the past 2 years? Yes No

Please give details:

Length of Absence	Reason for Absence

DECLARATION:

I certify that all the information given on this form is complete and accurate to the best of my knowledge, and no information has been withheld.

I understand that:-

- if this is later shown not to be the case, it may result in the offer of a place being withdrawn or my course of study being terminated.**
- failure to complete a full programme of immunisation or to provide any relevant documentation requested could exclude me from undertaking placements and thus affect my continuation of the course.**

I understand that any information received will be treated in confidence hereby give my consent for Occupational Health to

- if necessary, to seek reports from my doctor and/or specialist about my conditions, and
- inform the School / Student Support of recommendations on support or adjustments that could be of assistance to you.

I consent to all necessary blood tests.

Signature of Applicant..... **Date**

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Please answer the following questions by ticking the appropriate yes/no box. If the answer is yes, please give details in the space provided, continuing on a separate page if necessary.

YOUR FUNCTIONAL CAPABILITIES			
All questions MUST be answered	Yes	No	If Yes, give details in in this column use a separate page if necessary.
Are you at present, receiving any treatment or regular medication supervised by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever received medication, seen a doctor, therapist, counsellor or been admitted to hospital or treated for the following:			
Mental Health problems e.g. anxiety, phobias, bi-polar disorders, psychosis, schizophrenia, nervous breakdown, depression, overdose or self-harm, obsessive compulsive disorder, autism or related disorders or personality disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
Eating disorders e.g. bulimia, anorexia nervosa, compulsive eating?	<input type="checkbox"/>	<input type="checkbox"/>	
Use of illegal/recreational drugs or alcohol/substance misuse problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal problems (such as arthritis, pains in arms or legs, neck or back pain)?	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer or immune-suppression due to an illness or taken high dose steroid or chemotherapy within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have problems with any of the following:			
Mobility e.g. walking, using stairs, balance?	<input type="checkbox"/>	<input type="checkbox"/>	
Agility e.g. bending, reaching up, kneeling down?	<input type="checkbox"/>	<input type="checkbox"/>	
Dexterity e.g. getting dressed, writing, using tools?	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Exertion e.g. lifting, carrying, running?	<input type="checkbox"/>	<input type="checkbox"/>	
Communication e.g. speech, hearing?	<input type="checkbox"/>	<input type="checkbox"/>	
Vision e.g. visual impairment, colour blindness, tunnel vision, or any impairment that could not be corrected by wearing spectacles?	<input type="checkbox"/>	<input type="checkbox"/>	
Learning e.g. Do you have dyslexia, dyscalculia or dyspraxia?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever required special arrangements at school or work to accommodate a disability or health problem e.g. special equipment, extra time in exams, part-time working?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had or do you anticipate difficulty doing overnight or 12-hour shifts?	<input type="checkbox"/>	<input type="checkbox"/>	

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HEALTH CAPABILITIES			
	Yes	No	If Yes, give details in in this column use a separate page if necessary.
Have you suffered from asthma, bronchitis or other respiratory problems?			
Do you have, or have you had, any of the following:			
Allergies e.g. latex, medicines, foods?			
Neurological Disorder e.g. epilepsy, multiple sclerosis, seizures?			
Sudden loss of consciousness e.g. recurrent faints?			
Endocrine Disease e.g. Diabetes?			
Chronic Skin Condition e.g. eczema, psoriasis?			
Chronic Fatigue Syndrome or similar condition?			
Blood Borne Virus Infection e.g. Hep B / Hep C / HIV?			
Chickenpox?			
Tuberculosis (TB)?			

TUBERCULOSIS			
Weight Loss			
Fever			
Night Sweats			
Cough for more than 3 weeks			
Have you been in close contact with TB			
<u>This link</u> gives a table of ‘30 TB high burden countries’ Have you travelled to any of these countries for more than 3 months in the last 5 years?			Please specify the country visited!

If you have any medical conditions or disabilities not mentioned above, please give details:

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Should you have any queries regarding the completion of the Health Declaration Form or the vaccination programme, please telephone 028701 23350.