

Occupational Health & Wellbeing Department Volunteer Health Declaration

Title:	Surname:	First name:
Date of Birth:		

The purpose of this assessment is to enable University Hospitals Plymouth NHS Trust to identify any health problems or disabilities that may make the proposed Voluntary role difficult or unsafe for you or others and assess what adjustments may be needed to enable you to undertake the role.

Please read the list below carefully and tick either the 'Yes' or 'No' box below.

1.	Do you have <u>any</u> condition or disability that could affect your ability to undertake any of the requirements of the Voluntary or Work Experience?
2.	Has <u>any</u> work (paid or unpaid) or schooling been modified because of a health problem?
3.	Have you <u>ever</u> been affected by insulin dependent diabetes?
4.	Have you <u>ever</u> been affected by epilepsy?
5.	Have you ever experienced <u>any</u> problems with your joints or muscles or had problems with standing, sitting, bending, lifting or using stairs?
6.	Have you ever been affected by <u>any</u> skin disorders e.g. eczema, psoriasis, dermatitis, allergy?
7.	Have you <u>ever</u> been affected by a colonisation or infection with MRSA?
8.	Have you ever been affected by <u>any</u> psychiatric problems e.g. depression, anxiety, stress or substance and/or alcohol misuse?
9.	Have you ever been affected by any condition which may result in suppression of the immune system e.g. chronic renal failure, treatment with chemotherapy, auto-immune disease?
10.	Have you ever had tuberculosis (TB) or been in contact with TB?
11.	Have you had a cough which has lasted for more than 3 weeks, unexplained fever or unexplained weight loss?
12.	Were you born outside of the UK?
13.	Have you lived outside of the UK for more than 3 months?

NO, none of the above apply
No further information is required and this form will be retained by the Co-ordinator.

YES, one or more of the above apply
You are required to complete a full Health Screening Questionnaire. The volunteer team will send this to you.

DECLARATION - I declare that the answers are correct to the best of my knowledge.

Name:

Date: