



## Guidance Notes for completing a Pre-employment Health Declaration

***Please read this information before completing and signing the Pre-employment Health Declaration Form attached.***

The pre-employment health assessment of teachers will be conducted in accordance with The Education (Health Standards) (England) Regulations 2003. Further guidance has been provided in DfEE Circular 4/99, *'Physical and Mental Fitness to teach of Teachers and Entrants to Initial Teacher Training'*.

The legislation has been interpreted as also applying to other employees that regularly have contact with persons under the age of 19 in an educational setting. This includes Teaching Assistants and other support and Administration staff.

Activities of teachers and support staff must be carried out by persons who have the health and physical capacity to carry out those activities.

### **The purpose of the Health Declaration:**

As the preferred candidate for the job role that you have applied for, you have been asked to complete a 'Pre-employment Health Declaration'.

The declaration is used to:

- ensure that school fulfils its obligations under the statutory regulations as mentioned above, with regard to your physical and mental fitness to carry out your job role.
- help identify employees who need further health assessment or advice in relation to the job role

If you answer 'YES' to **any** of the questions 1 – 7, you will be asked to complete a full questionnaire which you should send directly to the Occupational Health Unit. The Occupational Health Advisor will either clear you for your role based on your responses to the questions, contact you to discuss further or arrange an appointment.

The Occupational Health Advisors will provide an opinion to your manager on your fitness for the job role. They can also provide advice about making reasonable

adjustments to the workplace, equipment or duties to help you to undertake the job role.

If you answer 'NO' to all of the questions 1 – 7, the declaration will be kept securely in your personnel file.

### **Health conditions we need to know about**

You should declare a physical or mental health issue by answering 'YES' if that issue:

- Has caused three absences from your employment or education of two or more days within three months.
- Has caused four separate absences from your employment or education within 12 months.
- Has caused four weeks of continuous absence from employment or education
- Entailed surgery
- Was caused by previous employment
- Is likely to cause future time off work
- Is likely to become progressively worse, and/or is likely to be made worse by your new work
- Is likely to prevent you carrying out your contracted duties or prevent you using equipment necessary to do your job
- Causes, or is likely to cause, difficulties with communication such as with hearing, speech or eyesight
- Prevents you using any personal protective equipment necessary for your job
- Could put you or others at risk of injury
- Restricts your movement, strength or posture
- Affects your mood, memory, social skills or ability to learn

In addition, you must tick 'YES' to Question 6 if you:

- Are taking any medication whose side effects may affect you at work
- Have been advised by a doctor against undertaking particular work or activity
- If you have now, *or in the past*, had any drug or alcohol problems

### **Confidentiality of Information**

The declaration will be viewed by your employer. Please **do not** write any confidential medical information on the declaration form. The information collected on the declaration will be treated as confidential personal information.

### **Data Protection**

Personal information collected in the declaration will be processed and stored in full accordance with the Data Protection Act 1998. The information collected will only be used for the stated purposes. It will not be shared with any external agency. The declaration will be stored on your personal employment file.

If for any reason you do not start employment, the declaration will be kept for no longer than necessary and then destroyed. The time period is usually up to six months to allow for the resolution of any disputes or complaints.

Strict standards of confidentiality will apply to any additional information that you supply to the Occupational Health Unit (OHU). The full health questionnaire (if you are required to complete one) will be stored within the OHU as a separate, medically confidential file.

The Occupational Health Advisor will provide your appointing manager with an opinion on your fitness for the particular job and advise them about any reasonable adjustments that they may be required to consider. Specific details about either your medical history or a current health condition can only be given to the appointing manager, with your consent.

Should there be a consideration that you or others may be at risk of serious harm as a result of your health condition, and you do not give consent for the Advisor to inform the appointing manager, the advisor may be required to disclose the information without your consent.

### **Disability Discrimination (Equality Act 2010)**

Under the Act, a person is defined as having a disability if:

- they have a physical or mental impairment and
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

Your employer has a duty to consider reasonable adjustments to make sure that you are not placed at a substantial disadvantage by employment arrangements or any physical features of the workplace.

## Pre-employment Health Declaration

Name:

Address:

Role / Job Title:

Date of Birth:

		YES	NO
1	Do you have or have you had any physical or mental condition that might affect your ability to undertake the job you have applied for?		
2	Do you have or have you had any physical or mental condition that might affect your safety or the safety of others at work?		
3	Do you consider yourself to have a disability as defined by the Equality Act 2010?		
4	Do you need any adjustments made to the workplace, workplace equipment or working practices related to a disability?		
5	Have you been retired or ever had your contract of employment terminated due to ill health?		
6	Do you have any other condition or health problem that the occupational health unit should be made aware of or that you want advice about regarding the job role?		
7	Have you ever had any history of any medical condition(s) which may affect your health in the future?		

I .....confirm that to the best of my knowledge, the answers I have given above are true and correct. I confirm that I have read and understood the guidance notes before making this declaration and understand that failure to disclose any relevant information could jeopardise my employment.

Signed .....Date .....

*If you have answered **yes** to any of the above questions you will be asked to complete a full health questionnaire and return it to the Occupational Health Unit.*