

OCCUPATIONAL HEALTH SERVICE - New Starter Health (PD31)

The purpose of this form is to:

- Assist the University to meet its statutory duty in creating and maintaining a safe working environment for its staff.
- Assist the University to comply with its obligations under the Equality Act 2010 by asking you about any health conditions or disabilities that might affect you at work.
- Enable us to identify any support needs you may have and to ensure that, where appropriate, adjustments to your work or workplace. can be put in place at the start of your employment.

If you declare “YES” to any of the following questions, we may need to contact you for further information.

Your Title and Full Name:

Date of Birth:

Job title:

College/Service

University location (e.g. Streatham, St. Luke’s, Penryn etc.):

Email:

Tel:

Question 1: Do you have any condition/s that could prevent you from safely and effectively carrying out **all** of the duties of your new role (e.g. problems with communication, sight, hearing, concentration, energy, memory, sitting, standing, walking, bending, lifting, movement etc.) **YES** **NO**

Equality Act 2010

- The Equality Act 2010 makes it unlawful to discriminate against any disabled person in connection with their employment.
- A ‘disability’ is defined as any physical or mental impairment that has a substantial and long term negative effect on the ability to undertake normal day-to-day activities.
- To enable the University to comply with this legislation, we need to know whether you have a disability and, if so, whether you require any reasonable adjustments to be made to your work or place of work.

Question 2: Do you have a disability as defined above? **YES** **NO**

Question 3: Do you require any reasonable adjustments to be made to your work or place of work?

YES **NO** **N/A**

If YES: Please indicate overleaf what adjustments you require (e.g. special furniture, specific workstation equipment, computer software etc.) or contact the staff Disability & Wellbeing Advisor via email (**overleaf***)

DECLARATION

By signing / submitting this form, I confirm that I have read and understood the information given to me and that all information I have provided is true to the best of my belief. I accept that the university cannot make adjustments to my work or workplace without knowing what is required and that by giving false responses or withholding relevant information may lead to my employment being terminated.

Signature:

Date:

***Question 3 (continued):**

Medical in Confidence:

Returning your form to Occupational Health

Ideally, complete this form online and click the submit button to email it to our secure email address*. We will use the email address from where you send your completed form as your 'signature' and date of completion (and for any reply that might be necessary).

OR

Print a form, complete it by hand (writing clearly using dark ink) and return it by post to the address below**. (please remember to affix suitable postage).

You can find out more about the occupational health service online at: <http://www.exeter.ac.uk/staff/wellbeing/oh/>

Email 

*

occupationalhealth@exeter.ac.uk

(This is a secure email account that can only be accessed by the OH team)

By Post  **

Occupational Health Service

University of Exeter

HOPE HALL

Prince of Wales Road

EXETER

EX4 4PL

Important: Data Protection & Confidentiality

The University complies fully with all data protection legislation and the Occupational Health Service additionally adheres to a strict code of medical confidentiality. OH will treat any health information you provide as strictly confidential and only use it in accordance with the purposes of this document. OH will advise HR on your medical suitability for your new role and any adjustments that might be required at work.