Section 2

Health Questionnaire

Information on Step 2: Employee Health Questionnaire

Many cases of ill health can go unreported in the workplace, which can put the workforce at risk of suffering long term disabilities, health problems and reduced quality of life. Additionally, there is the risk of litigation against the employer and the reduced productivity and expense of rehabilitation that work-related ill health can incur.

Therefore, it is important to manage any small health problems before they become uncontrollable and costly. This can be done, to some extent, by collecting information on health problems that may be suffered in the work place, investigating their cause, and improving the situation. This can also be done by examining any health problems that may exist from hobbies and activities from outside work, e.g. sport, DIY injuries.

Step 2 consists of:

2.1 **How to use the Employee Health Questionnaire** – information on when to use the questionnaire and what to do if ill health is reported.

2.2 **Employee Health Questionnaire** - for supervisors/management to distribute to operatives.

2.3 **Employee Health Questionnaire**: **Documentation Record** - used to briefly document what employer has done about any reported health issues arising from Employee Health Questionnaires.

2.4 **Employee Health Questionnaire**: **Monthly Summary** - Completed by employer to summarise frequency and types of health issues that have been reported by the workforce.

Retention of records

It may be necessary to keep health related information for 50 years or even more. This will depend on the type of work undertaken, legislation (e.g. asbestos) and the age of the employee. When that person leaves your employment you should provide them with a copy of their health records. Health records should not contain any clinical data. The records will need to be kept confidential. For further information see the HSE website as follows: http://www.hse.gov.uk/construction/healthrisks/records.htm.

How to use the Employee Health Questionnaire

When to use the Employee Health Questionnaire

This questionnaire should be used to monitor ill health amongst operatives, supervisors and managers.

- **A questionnaire should be completed by every employee within the organisation and by every new employee when they join the organisation.**
- **A questionnaire should be re-completed by employees periodically, as and when required, e.g. every 12 months.**

What to do when individuals report ill health on the Employee Health Questionnaire

Illness that can affect your safety at work

If an employee ticks 'Yes' the supervisor must ask them about their symptoms/ailment and find out if it would prevent them from undertaking particular tasks due to health and safety implications. This information must be written down and stored with the questionnaire in the employee's file.

Work activities that can affect your health

If an employee ticks 'Yes' the supervisor must ask them about their previous exposure and confirm their responses to the other health questions ("Illnesses that can affect your safety at work" and "Other information that the employer needs to know for health and safety requirements"). This information must be written down and stored with the questionnaire in the employee's file.

Other information that the employer needs to know for health and safety requirements

Do you suffer from:

Aches?
Pains?
Tingling?
Numbness/loss of feeling?
Skin allergies, eczema or dermatitis?
Other allergies of which we should be aware?
Breathing problems, e.g. tight chest, asthma?

If an employee ticks 'Yes' to any of these questions their supervisor must send them to see their GP for a check up.

Are you suffering any health problems?

If an employee ticks 'Yes' to this question their supervisor must send them to see their GP for a check up.

Are you:

Epileptic?
Diabetic?
Colour blind?
Dyslexic?

If an employee ticks 'Yes' to any of these questions their supervisor must ask them about their responses and find out if this issue has an impact on any tasks in the job.

Do you have any physical disability which could affect your work?**
Do you have difficulty hearing (with a hearing aid if needed) for all normal work purposes?*
Do you have difficulty seeing (with glasses or contact lenses if needed) for all normal work purposes?*
Do you currently take any prescribed medicines that make you dizzy or drowsy?**
Have you ever been told that you suffer from a work related health problem?**
Do you suffer from a frequent health problem that causes you to be off work more than 2-3 times a year?*
Have you ever had an illness or injury that has kept you off work for more than 3 months?**
Have you ever had to give up any previous job for medical reasons?**
Have you ever received compensation for industrial injury or illness?**

* If an employee ticks 'Yes' to any of these questions, the supervisor must recommend that the individual consult a doctor for a check up.

** If an employee ticks 'Yes' to any of these questions, the supervisor must discuss the issue with the individual to ensure that they are fit for the job. This may require a further visit to a doctor by the individual.

Any additional data that is obtained or recommendations that are made, must be written down using Toolkit Reference 2.3 and stored with the questionnaire in the employee's file.

Employee Health Questionnaire

Health Management Toolkit
Reference 2.2

Please return this to your supervisor when all questions have been answered

Forename		Surname	

This questionnaire is designed to help the Company meet its legal Health and Safety duties, assess whether there are any existing health issues likely to affect your employment and to find out if any changes need to be made to the workplace under the Disability Discrimination Act 1995. Information given by you will also help us to work out if you need any vaccinations or any health checks as part of your job.

The information supplied will remain strictly confidential and can be accessed only by authorised personnel. No information will be given outside of the company. A copy will be available when leaving the company's employment

Please tick **Yes** or **No** to each question. Please answer truthfully.

Illnesses that can affect your safety at work

Have you suffered with any health problems that have caused you to have time off work? *Please tick below*

	Yes	No		Yes	No		Yes	No
Stomach/bowel			Back/neck			Mental illness		
Bladder			Ears			Claustrophobia		
Kidney			Eyes			Vertigo		
Hernia			Nose or throat			Anxiety/stress		
Heart			Lungs			Nervous disorder		
Blood pressure			Sinusitis			Skin disease		
Blood disorder			Tuberculosis			Allergies		
Jaundice			Fainting/dizzy spells			Drug dependency		
Rheumatism/arthritis			Headaches/migraines			Alcohol dependency		
Tendons/ligaments/joints								

If any of the above answers is 'Yes', please give details on a separate piece of paper and return it with this questionnaire, to your supervisor.

Work activities that can affect your health

In previous jobs, have you had any significant exposure to:

	Yes	No		Yes	No		Yes	No
Vibration			Cancer causing agents			Lead		
Dust			Radiation			Asbestos		
Noise			Hazardous chemicals			Mineral oil		
Manual handling			Skin irritants			Tar		

If 'Yes', please describe the tools/products you have used:

Please continue on a separate piece of paper if you run out of space and return it with this questionnaire, to your supervisor.

Other information that the employer needs to know for health and safety requirements

Do you suffer from:

	Yes	No
Aches?	☐	☐
Pains?	☐	☐
Tingling?	☐	☐
Numbness/loss of feeling?	☐	☐
Skin allergies, eczema or dermatitis?	☐	☐
Other allergies of which we should be aware?	☐	☐
Any blood borne disease, e.g. hepatitis, HIV?	☐	☐

Are you:

	Yes	No
Suffering any health problems?	☐	☐
A smoker?	☐	☐
Asthmatic?	☐	☐
Epileptic?	☐	☐
Diabetic?	☐	☐
Colour blind?	☐	☐
Dyslexic?	☐	☐

	Yes	No
Do you have any physical disability which could affect your work?	☐	☐
Do you have difficulty hearing (with a hearing aid if needed) for all normal work purposes?	☐	☐
Do you have difficulty seeing (with glasses or contact lenses if needed) for all normal work purposes?	☐	☐
Do you currently take any prescribed medicines that make you dizzy or drowsy?	☐	☐
Have you ever been told that you suffer from a work related health problem?	☐	☐
Do you suffer from a frequent health problem that causes you to be off work more than 2-3 times a year?	☐	☐
Have you ever had an illness or injury that has kept you off work for more than 3 months?	☐	☐
Have you ever had to give up any previous job for medical reasons?	☐	☐
Have you ever received compensation for industrial injury or illness?	☐	☐

If any of the above answers is 'Yes', please give details on a separate piece of paper and return it with this questionnaire, to your supervisor.

GP Registration:

<u>You should be registered with a doctor local to where you are currently living.</u>

Please provide contact details of your GP so that the Company can inform your doctor of any details of the type of health problems you may be exposed to as a construction worker.

GP Details: Surname …… Initials: ……

Address: ……..……..

Postcode: ……... Tel No. ……

Note

As it may be necessary for the Company's Medical Advisor to communicate with your doctor if you experience a health problem in the future you may be asked to provide authorisation for your doctor to reply to any query concerning your health or medical history. Information in the report relating to your employment may be passed on to the Company. You have the right to see any medical report prepared by your doctor before it is sent to the Company Medical Advisor who will treat the information in the strictest confidence. It is within your rights to decline to give authorisation for information to be passed to the Company.

Please check over this form to make sure you have answered all the questions. Please complete ALL the questions and return the form (with any additional information) to your supervisor **by the end of your first week of employment**.

Declaration: I declare that the answers contained in this questionnaire are, to the best of my knowledge, true. I understand that should I withhold information, or lie about any details, my employment may be terminated.

Employee's signature: ……..…… Date: ……

Employee Health Questionnaire: Documentation Record

This document is to be kept with the corresponding Employee Health Questionnaire:	Employee Surname:
	Employee Forename:

Any further information about the individual or the health problem e.g. has the individual visited their doctor, changed their work duties etc.	**Date**	**Signature***

* of person completing **this** form

Employee Health Questionnaire: Monthly Summary

This document should be completed and posted back to CECA at the end of each month (address overleaf)

		Day	*Month*	*Year*
Summary date				
Reporting period	**From**			
	To			

Please read through each Employee Health Questionnaire that has been submitted to you this month and mark each health problem in the appropriate tally boxes below.

Frequency of reported "Yes Responses" for <u>illnesses that can affect your safety at work:</u>

Health Problem	"Yes Responses": Tally over this month's period	Total
Example - headache	𝍸 II	7
Stomach/bowel		
Bladder		
Kidney		
Hernia		
Heart		
Blood pressure		
Blood disorder		
Jaundice		
Rheumatism/arthritis		
Tendons/ligaments/joints		
Back/neck		
Ears		
Eyes		
Nose or throat		
Lungs		
Sinusitis		
Tuberculosis		
Fainting/dizzy spells		
Headaches/migraines		
Mental illness		
Claustrophobia		

Vertigo		
Anxiety/stress		
Nervous disorder		
Skin disease		
Allergies		
Drug dependency		
Alcohol dependency		

Frequency of reported "Yes responses" for <u>work activities that can affect your health</u>:

Health Problem	"Yes Responses": Tally over this month's period	Total
Vibration		
Dust		
Noise		
Manual Handling		
Cancer causing agents		
Radiation		
Hazardous chemicals		
Skin irritants		
Lead		
Asbestos		
Mineral oil		
Tar		

Frequency of reported "Yes responses" for <u>other information that the employer needs to know for health and safety requirements</u>:

Health Problem	"Yes responses": Tally over this month's period	Total
Aches?		
Pains?		
Tingling?		
Numbness/loss of feeling?		
Skin allergies, eczema or dermatitis?		
Other allergies of which we should be aware?		

Any blood borne disease, e.g. hepatitis, HIV?		
Generally in good health?		
A smoker?		
Asthmatic?		
Epileptic?		
Diabetic?		
Colour blind?		
Dyslexic?		
Physical disability which could affect your work?		
Hearing in each ear ok (with a hearing aid if needed) for all normal work purposes?		
Eyesight ok (with glasses or contact lenses if needed) for all normal work purposes?		
Do you currently take any prescribed medicines that make you dizzy or drowsy?		
Have you ever been told that you suffer from a work related health problem?		
Do you suffer from a frequent health problem that causes you to be off work more than 2-3 times a year?		
Have you ever had an illness or injury that has kept you off work for more than 3 months?		
Have you ever had to give up any previous job for medical reasons?		
Have you ever received compensation for industrial injury or illness?		

Frequency of reported <u>GP Registration</u>:

GP Registration	Tally over this month's period	Total
GP registration details given?		

In order to keep your responses anonymous, whilst at the same time allowing us to use the information you have provided in the most useful way that we can, please answer the following quick questions:

The size of your workforce

☐ Approximate size of your workforce that has ***been invited to complete Employee Health Questionnaire?***

⇨ ☐ Approximate number of operatives within this workforce?

⇨ ☐ Approximate number of office workers within this workforce?

UK location of your site(s) to which these episodes of ill health refer:

✓	**Location**
	South East
	South West
	Midlands
	North East
	North West
	Scotland
	Wales

Total number of Employee Health Questionnaires completed during this month's summary period:

If you know, what is the number of compensation claims made against your company this month by current/previous employees, regarding occupational health and safety issues:

Number	**Issue**	**Type(s) of problem**
	Health	*e.g. asbestosis, deafness*
	Safety	*e.g. slip from scaffolding*

Thank you very much.

Please post back to:

Mr John Wilson
CECA (HMP)
1 Birdcage Walk
London SW1H 9JJ