

## Occupational health assessment questionnaire

*This form contains confidential medical information and must not be copied or forwarded to anyone outside the occupational health service of the researcher's substantive employer/place of study. Only with the researcher's consent may any confidential information about the researcher be discussed with the occupational health service of NHS organisations where the researcher wishes to conduct research.*

The purpose of this health assessment is to ensure, so far as is possible, that you are fit for the research activities you will be undertaking in order to protect your own and others' health and safety.

Questions are asked about your past and present health, medical treatment and any impairment which may have implications for health and safety.

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the occupational health department for advice.

|                              |  |                                                                                                                    |  |
|------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| Surname:                     |  | Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> |  |
| Forename(s):                 |  | Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>                           |  |
| Work Address/Place of Study: |  |                                                                                                                    |  |
| Tel:                         |  | Mobile:                                                                                                            |  |
| Email:                       |  |                                                                                                                    |  |
| Date of birth:               |  | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>                                              |  |

### BRIEF DESCRIPTION OF RESEARCH ACTIVITIES:

(This will enable our occupational health advisers to assess the health risk involved with your research)

|                                                                                                                                                                        |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Description of proposed research work:                                                                                                                              |                                                          |
| 2. Location(s) of proposed research work:                                                                                                                              |                                                          |
| 3. If you are currently employed or are a current student, did you submit a pre-employment health questionnaire when you commenced your employment at this University? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. During your research activity will you be involved in the following:                                                                                                |                                                          |
| • Direct contact with patients/service users?                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Direct contact with children?                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Direct contact with vulnerable adults?                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Regular clinical contact with patients/service users and direct involvement in patient care?                                                                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Non-clinical social contact with patients/service users but not directly involved in patient care (e.g. focus groups/online interview studies)?                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |

# Occupational Health Assessment Report

**Joan Lewis, Greta Thornbory**



## **Occupational Health Assessment Report:**

## Adopting the Melody of Appearance: An Emotional Symphony within **Occupational Health Assessment Report**

In a world consumed by screens and the ceaseless chatter of instantaneous transmission, the melodic splendor and psychological symphony developed by the written term usually disappear into the back ground, eclipsed by the constant sound and distractions that permeate our lives. However, nestled within the pages of **Occupational Health Assessment Report** a stunning literary prize full of organic emotions, lies an immersive symphony waiting to be embraced. Crafted by a masterful musician of language, that interesting masterpiece conducts viewers on a mental journey, well unraveling the concealed melodies and profound affect resonating within each cautiously crafted phrase. Within the depths with this touching examination, we shall investigate the book is key harmonies, analyze its enthralling publishing type, and surrender ourselves to the profound resonance that echoes in the depths of readers souls.

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