

Confirmation of Occupational Health Risk Assessment Form

Before your appointment for your occupational health vaccines is booked it would help us greatly to confirm previous vaccinations and any significant aspects of your health in the past. Therefore we would be grateful if you would complete the attached form.

Once your section is complete, give this to your employer so that they can sign it off and return to the surgery along with a detailed Risk Assessment form completed by their Occupational Health department, as we cannot provide vaccinations without completed forms or pre-payment.

If you are not a patient with the Adam Practice we ask that you arrive at least 10 minutes early for your appointment to enable completion of temporary resident forms.

FOR COMPLETION BY PATIENT PRIOR TO APPOINTMENT

PERSONAL DETAILS:

Name:			
Date of Birth:		Male \ Female	
Contact telephone no.:		E-mail Address:	

PERSONAL MEDICAL HISTORY: (Please continue on separate sheet if necessary)

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions, thymus disorder)

List any current or repeat medications:

Do you have any allergies? (e.g. to eggs, antibiotics, nuts?)

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

Do you have any history of mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women Only: Are you pregnant or planning pregnancy or breast feeding?

Please complete any other information that may be relevant

VACCINATION HISTORY:

Have you ever had any of the following vaccinations, and if so, when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Influenza		Rabies	

REASON FOR VACCINATIONS:

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QUAY MEDICAL CARE

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Employee\Patient confirmation:

I hereby confirm that the information supplied on this sheet is correct to the best of my knowledge and that my company has provided me with a full and detailed Occupational Health Risk Assessment prior to my receiving the requested vaccinations.
I have no reason to think that I might be pregnant.

Signed:		Date:	
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Employer confirmation:

I hereby confirm that we have supplied the practice with full Occupational Health information and completed the relevant risk assessments for this employee.
Following these assessments we deem that they will need the following vaccinations and that we agree to pay the relevant charges to the Adam Practice for their provision:

Signed:		Date:	
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Company Name:

Company Stamp:

The risk assessments will be added to the employees\patients medical record and any vaccinations will be authorised by a GP on the basis of information supplied by the patient and the employer, above.

For completion by the surgery;

Date Received Into Surgery:	
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Date Scanned onto Patient record\Sent to Nurse for assessment:	
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Practice Nurse to assess form and put comment on patient record as to whether vaccines are OK to receive. GP to confirm agreement via patient task\comment on patient record to confirm PSD.