

## HSE Occupational Health Service

### Pre-Placement Health Assessment (PPHA) – Transfer Questionnaire

Why we are asking these questions:

- a) To ensure that you are medically fit to do the job.
- b) To determine any recommendations that may enable you to do the job
- c) To assess whether the job could affect your health and make recommendations to reduce the risk of this if necessary.

The purpose of pre-placement health screening is not to exclude people, although occasionally in some specific circumstances, it may be concluded that someone is not medically fit to undertake a particular job.

*Your answers are confidential to the occupational health service and will not be released to anyone else without your permission in accordance with Data Protection Acts 1988 and 2003.*

Family name: \_\_\_\_\_ First names: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile no.: \_\_\_\_\_

Post applied for: \_\_\_\_\_ Location: \_\_\_\_\_

#### Please update present health status by answering the 6 questions listed below.

If YES, please give details/dates

1. Have you had a PPHA on first appointment with the HSE (if so when and where?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Has there been any significant change in your health status since your last PPHA was undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Do you have any impairment/disability (physical or mental) which may affect your ability to work safely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Have you had any illness or injury which may have been caused or made worse by your work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Are you having, or waiting for any treatment or investigations which may impact on your work? (If yes, please provide further details including any associated periods of sickness absence)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Do you need any special aids/adaptations to assist you at work whether or not you have a disability?	Yes <input type="checkbox"/>	

#### Declaration:

***Please read the declaration below carefully:***

I declare that the information I have given is true and complete to the best of my knowledge and that I have not withheld any relevant material facts. I understand that I am responsible for the accuracy of my statement. I accept that the Health Service Executive may reject my application or terminate employment (in the event of employment having been entered into) where I have omitted to furnish information relevant to my medical fitness for work or where I have made any false statement or misrepresentation relevant to this health assessment.

I understand that I may be required to undergo a face to face health assessment with the Occupational Health Nurse/ Physician as necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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