

# Health Screening Questionnaire

## Guidance

The National Water Hygiene (NWH) scheme requires every individual who sits the programme to complete a Health Screening Questionnaire – clearing their ability to work on Restricted Operations. This document outlines the minimum requirements when completing a form before registrations are made on QuartzWeb. It is the trainer's responsibility to ensure that these requirements are achieved for each individual on a programme.

### Minimum Requirements

Each candidate must provide their name and signature as below.

#### Declaration - to be completed by the individual

*I certify that I have answered the Health Screening Questionnaire honestly and that, where appropriate, I will seek the relevant medical clearance.*

**Name** \_\_\_\_\_

**Signature**

The following question (see below) on the form assesses the individual's ability to work on Restricted Operations and ensures that they do not pose a contamination risk to the water supplies. Failure to answer the question honestly may result in the removal of their National Water Hygiene card.

All personnel employed to work on Restricted Operations have a responsibility to ensure they do not contaminate water supplies. This questionnaire is designed to obtain brief information regarding medical history.

Do you at present, or have you suffered during the last 12 months, from any of the illnesses listed below?

- |               |                                    |
|---------------|------------------------------------|
| • Typhoid     | • Persistent diarrhoea or vomiting |
| • Paratyphoid | • Jaundice or Hepatitis (A or E)   |
| • Dysentery   | • Prolonged unexplained fever      |

Y/N ☐

If 'Y' is indicated above, medical clearance must be obtained before the application can be submitted to EUSR.

Once all of the aforementioned sections have been completed in full the candidate must sign and date the form using the spaces provided. By signing the form they are confirming that all information entered is correct to the best of their knowledge and belief.

If the applicant answers 'Yes' on the Health Screening Questionnaire, the application cannot be processed until medical clearance has been verified by a trainer. The trainer will issue a Health Referral Form so that they can obtain medical clearance from a Medical / Occupational Health Professional, which must be returned to the trainer within 6 months of completing the programme. Once verified, the trainer must sign the declaration (see below) and continue with the application. The Health Screening Referrals must be returned to the individual, securely destroyed or (with the permission of the individual) retained by the candidate's employer.

#### Declaration - to be completed by the trainer

*I certify that I have conducted the Health Screening Questionnaire appropriately and have verified all relevant medical evidence prior to registration.*

**Name** \_\_\_\_\_

**Signature**

**EUSR ID** \_\_\_\_\_

**Date**       /       /      

**Batch Reference** \_\_\_\_\_

If the applicant answers 'No' on the form, accompanied with other documentation outlined in the programme specification, the trainer can process the application on QuartzWeb.

Alternatively, it may be retained by a storage provider and a completed Authorised Document Retention form returned.