ENERGY & UTILITY SKILLS

Date:

Dear Sir/ Madam

RE: National Water Hygiene Registration - [individuals name]

The individual named above is seeking registration for National Water Hygiene following training and assessment which is required by the Water Industry for all operatives who work on Restricted Operations and may be in contact with treated, or partially treated, drinking water.

The above named individual has declared a current or previous (i.e. within the last 12 months) condition which may result in them excreting pathogenic micro-organisms that can be transmitted to others within drinking water. A medical investigation is therefore required to ascertain whether the individual is clear from all of the following conditions:

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

The individual has provided permission for a medical assessment, see ‘Section 1 – Permission’.

I would be grateful if you could conduct a suitable investigation and confirm in ‘Section 2 – GP / Medical Assessment’ whether medical clearance is given or rejected, or whether further investigation is required.

Yours faithfully

[Trainers Name]
National Water Hygiene - Approved Trainer

© 2019 Energy & Utility Skills Group

ENERGY & UTILITY SKILLS

Section 1 – Permission

Individual Details

First name	
Last name	
Home Address Postcode	
Telephone No.	
Email address	

GP / Medical Professional Details

First name	
Last name	
Practice Address Postcode	
Telephone No.	

Return details for results

Please send the results to my home address as stated above (please tick)	☐

Alternatively, I give my permission for the results to be sent to:

First name	
Last name	
Address Postcode	
Email address	

I confirm that I give permission for the medical investigations relating to my declared current or previous condition and whether I should be permitted to work on Restricted Operations - where I may be in contact with treated, or partially treated, drinking water.	
Individual's Signature	
Date of Birth	
Date	

© 2019 Energy & Utility Skills Group

ENERGY & UTILITY SKILLS

Section 2 – GP / Medical Professional Assessment

Following assessment of:

Individual's Name	
Date of Birth	

Please tick as appropriate:

I confirm the individual is clear of any pathogenic micro-organisms that may result in the contamination of any drinking water	☐
Further assessment should be conducted before medical clearance is confirmed	☐
I am unable to confirm medical clearance	☐

Additional notes or information

I certify that the information given above is correct and complete to the best of my knowledge			
Name			
Signature		Date	

© 2019 Energy & Utility Skills Group

ENERGY & UTILITY SKILLS

To be used by the GP / Medical Professional if necessary			
Name			
Signature		Date	

© 2019 Energy & Utility Skills Group