

**Occupational Health Service**  
The Education Centre  
St Thomas' Hospital  
Westminster Bridge Road  
London SE1 7EH

E-mail: [OHAdministrator@gstt.nhs.uk](mailto:OHAdministrator@gstt.nhs.uk)

Dear Applicant

The primary purpose of completing the Immunity Screening Questionnaire (ISQ) form is to ensure that prospective staff who have applied to work at Guy's and St Thomas' NHS Foundation Trust (GSTT) receive appropriate screening and immunisation on/prior to commencement of work. This is in compliance with Department of Health (2007) guidance on health clearance for health care workers (HCWs) '*Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New Healthcare Workers*'. In order to avoid a delay to your immunity clearance it is recommended that you return this ISQ form electronically to the Occupational Health Service (OHS) at the above confidential [email address](#) as soon as possible. Please note, scanned copies of the handwritten ISQ forwarded as attachments will not be accepted. Your ISQ must be provided to the OHS prior to your start date at the Trust.

**Important:** If you currently or have previously worked in the NHS you must obtain and provide a copy of your immunisation report from your current / previous occupational health provider. If you are unable to do so, ***you may be charged*** for any subsequent repeat blood tests undertaken by the Trust.

Other acceptable documentary evidence of immunity to certain work related vaccine preventable communicable diseases includes laboratory result(s) and GP report(s).

All staff who have contact with and/or access to patients and/or specimens must comply with GSTT's mandatory immunity screening requirements. Please provide documentary evidence of immunity alongside your completed ISQ form (where requested).

**Please note:**

- All documentary evidence must be in English and be clearly stamped or signed with the name and designation of the practitioner issuing the report
- If you have provided the relevant information we will issue immunity clearance and you will not be required to attend an immunity screening update (New Starter Check) appointment on commencement
- If you are unable to provide the relevant immunity screening information, you will be required to attend an immunity screening update (New Starter Check) appointment on commencement and immediately following Corporate Induction. **Please bring photo ID**
- If you are currently / previously employed by the NHS and have not provided immunity screening information i.e. an NHS occupational health service immunisation report ***you may be charged*** for any subsequent repeat blood tests undertaken by the Trust.

**Additional Specific Role Required Mandatory Screening Requirements:**

If your role requires Exposure Prone Procedure (EPP) or Renal Dialysis (RD) clearance, your unconditional offer will not be issued until this clearance has been completed.

**EPP:** - invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space **where the hands or fingertips may not be completely visible at all times**.

Taking blood (venepuncture), setting up and maintaining IV lines, incision of external abscesses and simple endoscopic procedures **are not** considered EPP activities.

**RD:** undertaking haemodialysis or haemofiltration i.e. dialysis units / ICU

## GSTT Screening and Immunisation Requirements

Communicable Disease	Acceptable documentary evidence
<b>Measles &amp; Rubella</b>	<ul style="list-style-type: none"> <li>- Blood test (antibody result) or</li> <li>- Evidence of either 2 doses of the combined Measles, Mumps and Rubella (MMR) or monovalent vaccines</li> </ul>
<b>Varicella (Chicken Pox)</b>	<ul style="list-style-type: none"> <li>- Past history of disease, or</li> <li>- Blood test (antibody result) or</li> <li>- 2 doses of varicella vaccine</li> </ul> <p>Note: applicants who come from tropical or subtropical countries are required to provide evidence of varicella antibody immunity irrespective of previous history of disease.</p>
<b>Tuberculosis (TB)</b>	<ul style="list-style-type: none"> <li>- Applicants new to the NHS from areas of the world where there is a high incidence of TB or those returning to the NHS after prolonged stay in high incidence areas, should provide a recent chest x-ray result if they have been in the UK for less than 5 years. Up-to-date information on high incidence countries, is available at: <a href="https://www.gov.uk/government/uploads/systems/uploads/attachment_data/file/491527/WHO_estimates_of_tuberculosis_incidence_by_country_2014_v2.pdf">https://www.gov.uk/government/uploads/systems/uploads/attachment_data/file/491527/WHO_estimates_of_tuberculosis_incidence_by_country_2014_v2.pdf</a></li> <li>- All applicants should provide documentary evidence of BCG scar check, vaccination or results of Mantoux test</li> </ul>
<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>- Evidence of primary course of hepatitis B immunisation and booster (usually at 5 years)</li> <li>- Blood test (Hepatitis B surface antibody result) following primary course</li> </ul>
<b>Influenza</b>	Influenza immunisation helps prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza immunisation is therefore recommended for HCWs directly involved in patient care. Immunisation is recommended on an annual basis.

### Additional Specific Role Required Mandatory Screening Requirements

Activity	Evidence Required
<b>EPP</b>	Identity Validated Sample* (IVS) results of <ul style="list-style-type: none"> <li>- Hepatitis B surface Antigen status</li> <li>- Hepatitis C Antibody status</li> <li>- HIV Antibody/Antigen status</li> </ul>
<b>EPP (currently hold NHS post and have undertaken EPP pre 2007)</b>	Identity Validated Sample* result of <ul style="list-style-type: none"> <li>- Hepatitis B surface Antigen status</li> </ul>
<b>RD</b>	Identity Validated Sample* result of <ul style="list-style-type: none"> <li>- Hepatitis B surface Antigen status</li> </ul>
<b>EPP &amp; RD</b>	<p>Your IVS blood test results must be from a U.K. accredited laboratory / NHS Occupational Health Service or a NHS Occupational Health Service validated immunisation report.</p> <p><i>*IVS is defined according to the following criteria:</i></p> <ul style="list-style-type: none"> <li>- the healthcare worker showed proof of identity with a photograph – NHS trust identity badge, new driver's licence, passport or national identity card, when the sample was taken</li> <li>- The sample of blood should be taken in the occupational health department.</li> <li>- Samples should be delivered to the laboratory in the usual manner, not transported by the healthcare worker.</li> <li>- When results are received from the laboratory, the clinical notes should be checked for a record that the sample was sent by the occupational health department at the relevant time.</li> </ul>

## Immunity Screening Questionnaire (ISQ): GSTT EMPLOYEES ONLY

### SECTION 1. All applicants with clinical contact complete this section

#### Personal Details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ other

☐ Male ☐ Female

Surname:

Forename(s):

Previous Name (if applicable):

Date of Birth:

Country of Birth:

Home address:

Home Tel:

Mobile:

Work Tel:

Email:

I would prefer to be contacted by:

☐ Mobile no. ☐ Home no. ☐ Work no. ☐ email

#### Details of Job Applied for:

Job Title:

Speciality:

Ward / Department:

Are you to be employed by Guy's and St. Thomas'? ☐ Yes ☐ No

Is this your first job in the NHS? ☐ Yes ☐ No If no, you must contact your OH provider to obtain a copy of your occupational health validated screening and immunisation report

Have you worked for Guy's and St. Thomas' before? ☐ Yes ☐ No

Have you been a student at Kings College London? ☐ Yes ☐ No

If yes, do you consent to your KCL and GSTT OH records merging as one record? ☐ Yes ☐ No

Health Questions	Yes	No	If yes give details with dates
<ul style="list-style-type: none"> <li>Have you experienced any skin problems e.g. atopy, dermatitis, latex allergy, or previous problems with glove usage</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	Yes	No	If yes give details with dates
Have you had any of the following:-			
<ul style="list-style-type: none"> <li>Cough which lasted more than 3 weeks?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Unexplained weight loss?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Intermittent fever with night sweats?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Investigation for Tuberculosis?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>A close family member / friend with whom you share a home diagnosed with TB?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Have you been in a country where TB is common (see link, page2)?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If yes and within the last 5 years, have you had a chest x-ray report since arriving in UK? (Please attach a copy of the results report)</b>			
Are you returning to the NHS following work activity elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 1. Continued		
<b>Rubella and Measles</b>	<b>Yes</b>	<b>No</b>
Have you received 2 doses of combined MMR (measles, mumps and rubella) or monovalent vaccines?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please provide documentary evidence of immunisation If NO, please provide occupational health immunisation screening or laboratory result indicating immunity		
<b>Varicella (chickenpox)</b>	<b>Yes</b>	<b>No</b>
Have you had past Varicella (chickenpox) infection?	<input type="checkbox"/>	<input type="checkbox"/>
If NO, have you received 2 doses of Varicella (chickenpox) vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please provide documentary evidence of immunisation If NO, please provide occupational health immunisation screening or laboratory result indicating immunity		
<b>Individuals from tropical and subtropical climates are required to provide evidence of Varicella antibody immunity irrespective of previous history of disease.</b>		
<b>Hepatitis B</b>	<b>Yes</b>	<b>No</b>
Have you been immunised against hepatitis B?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please provide occupational health immunisation report or other documentary evidence of immunisation and laboratory result (hepatitis B surface antibody) indicating immunity		
<b>Health Care Workers have a legal and ethical duty to inform Occupational Health if they suspect or know they are infected with HIV, Hepatitis B or Hepatitis C.</b>		
Have you been diagnosed with one of the following diseases? Hepatitis B: <input type="checkbox"/> Yes <input type="checkbox"/> No    Hepatitis C: <input type="checkbox"/> Yes <input type="checkbox"/> No    HIV/AIDS: <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 2. Exposure Prone Procedure (EPP) Workers and Renal Dialysis (RD) Workers ONLY complete this section			
	Yes	No	If yes give details with dates
<i>Exposure Prone Procedures are those procedures where the worker's gloved hands may be in full contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) <b>inside</b> a patient's open body cavity, wound or confined anatomical space where the <b>hands or fingertips may not be completely visible at all times.</b></i>			
Does the post involve Exposure Prone Procedures? Please read definition of EPP above.	<input type="checkbox"/>	<input type="checkbox"/>	
Is this your first role within the NHS undertaking EPP?	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure Prone Procedure staff <b>must</b> provide documentary evidence of their IVS for Hepatitis B, Hepatitis C and HIV status before health clearance can be given.			
Are you being recruited to work in a renal dialysis or renal transplantation unit and you will <u>have clinical contact with patients</u> (i.e. are concerned directly with the haemodialysis process)?	<input type="checkbox"/>	<input type="checkbox"/>	
Renal Dialysis workers <b>must</b> provide documentary evidence of their IVS for Hepatitis B status before health clearance can be given.			
Have you been exposed (occupational or sexual) to a blood borne virus i.e. Hepatitis B or C or HIV?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, have you completed the appropriate follow-up testing?	<input type="checkbox"/>	<input type="checkbox"/>	

### SECTION 3. Food Handlers ONLY complete this section

Health Question	Yes	No	If YES, please provide further details
Are you currently suffering from diarrhoea and/or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you (during the last 2 weeks), suffered from diarrhoea and/or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently suffering from: <ul style="list-style-type: none"> <li>• skin trouble affecting hands, arms or face?</li> <li>• boils or septic fingers?</li> <li>• any other skin infection?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently suffering from any condition, infection or discharge from eye(s) e.g. stye, ear(s) or gums/mouth?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from recurring skin or ear trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from a recurring bowel disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had or, are you now known to be a carrier of typhoid or paratyphoid?	<input type="checkbox"/>	<input type="checkbox"/>	
In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid?	<input type="checkbox"/>	<input type="checkbox"/>	

### SECTION 4 ALL applicants must complete this section Declaration

Before signing this declaration please ensure you have answered all the questions as instructed providing further details as required.

1. I hereby agree to inform the Occupational Health Service of any changes in my health which might affect my ability to work.
2. I understand my responsibility to notify the Occupational Health Service if I think I have a serious communicable condition such as Hepatitis B / Hepatitis C / HIV or TB.
3. I acknowledge that my personal details will be stored electronically by the Occupational Health Service in accordance with the Data Protection Act 1998. This information will be retained for:
  - a. Six months if I am not selected for the position applied for,
  - b. During my period of employment and for an additional 40 years to comply with the Control of Substances Hazardous to Health amended Regulations 2004.
4. If I have any concerns about how this information is handled I will contact the Occupational Health Service.
5. I declare that the information provided by me in this entire form is true and complete to the best of my knowledge. I understand that any deliberate omission, falsification or misrepresentation in this record may result in disciplinary action by my employer.

Signed:

Date:

If you intend to work in a number of NHS Trusts (e.g. as part of your career, professional development or rotation) it is usually necessary to repeat this health screening by other NHS Occupational Health Services. However, with your permission we are able to share information regarding your immunisation screening details including any blood test, immunisation and body fluid exposure follow-up blood tests with the Occupational Health Services of your future NHS employers. This would avoid your having to go through subsequent screening.

Do you consent to your immunity screening, including any EPP, RD, immunisation or BFE follow-up blood tests information being shared with future NHS employers? ☐ Yes ☐ No

**Please complete the ISQ form electronically and send as one document (email attachment) to [OHAdministrator@gstt.nhs.uk](mailto:OHAdministrator@gstt.nhs.uk)**

**Supporting documents i.e. occupational health service immunity screening report should be attached to the email.**

**Scanned handwritten copies of the ISQ forwarded as an attachment will not be accepted.**