



Staff Medical Policy and Declaration

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1. Heathcote Medical Policy for Staff

Heathcote School takes its safeguarding and other legal responsibilities very seriously. Any offer of appointment to a successful candidate will be conditional upon the satisfactory completion of those pre-appointment checks that are prescribed by the law. This includes a medical check which confirms a candidate's fitness to carry out the duties of the post for which they are applying.

2. Equal Opportunities

We are an equal opportunities employer and welcome applications from all candidates. All our prospective employees are asked to complete identical pre-employment questionnaires. If necessary we may ask to obtain a letter of medical clearance from their own GP before their appointment is finalised. Candidates should bear in mind that the law provides that they must consent before a medical report can be obtained from their *own* doctor for employment purposes, and that they are entitled to see their report. (The school will meet any costs of the medical examination).

3. Confidentiality

Our confidential pre-employment questionnaire is attached. All completed questionnaires are stored securely in the Bursar's Office. Access is restricted to the Bursar and Head Teacher, Thereafter, they will form part of an employee's medical records and will not be disclosed to any third party.

Medical records are stored securely and destroyed after an individual leaves the employment of the school.

4. Your Obligations under this Policy

Staff are required to inform the Bursar of any medication which they have been prescribed and to keep these records up to date in case of emergencies.

5. Confidential Medical Questionnaire for Staff

TITLE:	SURNAME:	FIRST NAMES:
ADDRESS:	TEL.NO:	DATE OF BIRTH:
	MOBILE:	AGE:
	E-MAIL:	SEX:
Post for which you are applying:		
Name and Address of your GP:		
Tel.No:		
Please describe your present state of health:		
Have you consulted a Doctor in the last 12 months? If so, please give the reason:		
Are you waiting for an operation or any medical investigation? If so, please give details:		
How many days' absence through sickness have you had in the last 12 months?		
Are you (or have you been) registered as disabled? YES/NO		

If so, please give: Card No:

Expiry Date:

Are there any special adjustments that you would require in order to work at the school?

If so, please describe them.

Do you receive a disability pension? YES?NO

Have you ever:	No	Yes	Please give details
1. Had an operation?			
2. Been seriously ill or injured?			
3. Received in-patient treatment for a physical or mental condition?			
4. Been refused, or lost your employment for health reasons?			
5. Been made ill by your work?			
6. Been refused a driver's licence on grounds of ill health?			
7. Have you ever suffered from any mental,			

psychological or psychiatric problem?				
8. Have you ever been treated for TB?				

Do you suffer from or have ever had:

Diabetes	YES/NO	Skin rashes/eczema	YES/NO	Swelling of legs/ankles	YES/NO
High Blood Pressure	YES/NO	Anaemia	YES/NO	Period or prostate problems	YES/NO
Asthma	YES/NO	Varicose veins	YES/NO	Migraines/ frequent headaches	YES/NO
Cough (frequent)	YES/NO	Heart problems	YES/NO	Rupture	YES/NO
Rheumatic fever	YES/NO	Chest problems	YES/NO	Back problems	YES/NO
Arthritis	YES/NO	Fainting or dizziness	YES/NO	Ear trouble	YES/NO
Epilepsy/fits	YES/NO	Hay Fever	YES/NO	Eye trouble	YES/NO
Shortness of breath	YES/NO	Jaundice	YES/NO	Nerve trouble	YES/NO
Stomach trouble	YES/NO	Joint trouble	YES/NO		

If you have answered yes to any of the above, please provide details:

(Continue on a separate sheet if necessary)

Please give details of any allergies

Are you on any medication at present?

Have you ever worked in a dusty trade? YES/NO

Do you need glasses to read? YES/NO

Have you ever had a head injury? YES/NO

Do you suffer from any other medical problems not covered above?

DECLARATION

To the best of my knowledge and belief the information given above is true. I understand that giving false information or failing to disclose significant information could result in the termination of my contract. I confirm that the school may approach my GP to seek information about any medical condition that may restrict my ability to undertake this appointment.

I confirm that I am willing to undergo a employment medical examination with my GP/the School Doctor if required.

I know of no reasons on the grounds of mental or physical health why I should not be able to discharge the responsibilities required by the post of.....

Signed: _____

Date: _____

Name: _____

(Please print)