
Hauora a Toi Bay of Plenty

STUDENT HEALTH QUESTIONNAIRE

Your appointment and commencement is subject to you completing a Student Health Screening Questionnaire and obtaining full clearance from the Hauora a Toi Bay of Plenty's Specialty Clinical Nurse, Occupational Health. This is to ensure that you are fit to perform the duties of your role whilst on placement, and to minimise any associated health risks in that job.

The Health and Safety at Work Act 2015 requires employers to ensure the safety of people while at work. The information is also required so that you may be included in appropriate health surveillance programmes managed by a Specialty Clinical Nurse, Occupational Health. To assist in achieving this, Hauora a Toi Bay of Plenty requires information from students to assess their ability to carry out the duties of the placement safely.

Under the Privacy Act and the Human Rights Act we have a duty to ensure the information collected is for lawful purposes and not used in an indiscriminate manner. No information will be released without your consent, unless authorised or permitted by law.

If your application is successful, this Student Health Questionnaire will become part of your Occupational Health and Personnel file and stored electronically. There are policies and procedures that ensure student health information is stored securely and is protected from misuse and unauthorised access. Any discrepancies with immunity or results will be communicated with the Occupational Health Team for review. A Specialty Clinical Nurse, Occupational Health, may contact you to discuss your Health Questionnaire and possibly request you to obtain a medical certificate.

NOTE: Prospective students are expected to meet the costs of the health screening and any additional treatment costs. Failure to provide verification means that the placement cannot commence until provided.

Things you need to know

You are required to provide the information requested on this form:

- To identify you correctly
- To ensure your safety and the safety of others
- To plan for your inclusion in health monitoring programmes
- To comply with the law
- To ensure suitability of employment




Please contact Occupational Health:

- If you want to know why certain information is required
- If you are uneasy about providing certain information

Completed forms, marked confidential, need to be returned as soon as possible to
Occupational Health, Hauora a Toi Bay of Plenty at Tauranga:

Address:

Specialty Clinical Nurse
Occupational Health
Hauora a Toi Bay of Plenty
Private Bag 12024,
Tauranga 3143
NEW ZEALAND

 07 579 8046 calling within New Zealand
 + 64 7 579 8046 calling outside New Zealand
 OccupationalHealth@bopdhb.govt.nz

STUDENT HEALTH QUESTIONNAIRE

Personal details:

Surname		First Name/s	
Preferred Names:		Previous Names:	
Address			
Postcode		City	
Email		Ph contact	
Date of birth		Gender	
NHI no. (if known			
GP name		GP Practice	

Student Placement details (if known):

Position		Service	
Supervisor		Locality	
Start date		Finish date	

Please answer the following questions:

Have you understood the functional requirements of your role on placement? (this means the physical and psychological demands of the role)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any medical or other condition that might affect your ability to complete your duties?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details				
Have you ever been employed by Hauora a Toi Bay of Plenty (BOPDHB)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			If yes, enter Year	<input type="text"/>
I hereby give consent for my serology results to be added on a secure electronic database	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Immunity and Screening Requirements for Healthcare Students

Hauora a Toi Bay of Plenty recognises that the transmission of infectious diseases in health care settings has the potential to cause harm, which may include serious illness and in some cases death, especially for vulnerable patients. From 1 January 2018, students are required to meet the revised Immunity and Screening requirements.

The Educational institutes are to ensure the following is in place for all student placements:

- Students meet the occupational immunisation and screening requirements of our organisation, prior to their placement.
- Maintain a system that ensures documented compliance, and on request provide evidence to Occupational Health.
- Advise our organisations Occupational Health Service if a student does not comply with the requirements, so that a risk assessment can be made prior to the clinical placement, to determine any safe and appropriate placement options.

Audits may be conducted by Occupational Health to verify adherence to the immunity requirements in the interest of Health and Safety. In terms of the Health and Safety at Work Act, 2015; the Education Providers and Hauora a Toi Bay of Plenty have a shared responsibility for the safety of students.

Healthcare Students are viewed as **Category A** under the Occupational Health Immunity and Screening Policy, Hauora a Toi Bay of Plenty, and must complete the following:

Measles, Mumps, Rubella	Laboratory evidence of immunity for Measles, Mumps and Rubella	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Varicella (Chicken pox)	Laboratory evidence of immunity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pertussis (Whooping Cough)	Documented evidence of one adult dose of diphtheria, tetanus and pertussis (Tdap, Not ADT) within the past 10 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis B	Laboratory evidence of immunity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COVID 19 (as per mandate)	Evidence of vaccination (x 2 primary vaccination plus booster)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Evidence accepted for the above are copies of lab results and GP practice documentation</i>			
Tuberculosis (TB) Screening			
It is the expectation of the Hauora a Toi Bay of Plenty that students will be, at a minimum, risk assessed for TB using the TB questionnaire below, and that all individuals with risk factors will require a Quantiferon TB Gold Test, valid within in the past 5years.			
1. Were you born in New Zealand?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, in what country were you born?			
If no, what year did you arrive in New Zealand?			
2. Have you at any time visited and/or lived in other countries for 3 months? If yes, please provide the names of countries and dates:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been diagnosed with TB, or had further investigations due to a positive result?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name and title of your specialist:		Date	
Did you complete treatment? If yes, date:		Duration of treatment months	
Name of health provider:		Treatment prescribed:	
4. Have you ever been in contact with a person with active TB disease If yes, when/where?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever been screened for TB i.e. Skin Test (Mantoux) or blood test (QuantiFeron TB Gold)? (Mantoux is performed on the inside of your arm and does not leave a scar)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide date		Where:	Results:
6. Have you ever had a BCG vaccination? (this leaves a raised scar on your arm near the shoulder)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide date		Where:	Results:
7. Have you previously worked in any of the following settings?			
7.1. Respiratory units, infectious disease units or other medical units caring for TB patients		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.2. Clinical procedures units designed for investigation and have a high risk of transmitting suspected or unsuspected TB i.e. bronchoscopy, sputum induction, BCG bladder installations/immunotherapy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.3. Microbiology and/other laboratories that handle specimens which may contain mycobacteria		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.4. Mortuaries		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Will you be working in any of the above areas of your current health care setting?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Do you have any of the following symptoms?			
9.1. Cough of > 2 weeks	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
9.2. Fevers	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
9.3. Recent unexplained weight loss	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
9.4. Haemoptysis (blood in sputum)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
9.5. Night sweats	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
9.6. If yes to any, please describe:			
Methicillin Resistant Staphylococcus Aureus (MRSA) Screening			
All students are required to complete the MRSA screening questionnaire to identify any with health conditions that require MRSA swabbing and if necessary, treatment and re-testing prior to placement.			
Have you had recurrent boils or abscesses (NOT folliculitis) in the 12 months?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you had active, uncontrolled eczema in the past 12 months?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have, or have you had in the past year, chronic infective sinusitis (NOT hayfever)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have, or have you ever had Bronchiectasis?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If you answer 'Yes' to any of the questions above, please provide details:			
Annual Influenza Vaccine			
It is the expectation of Hauora a Toi Bay of Plenty that all persons working on their premises accept the offer of a free flu vaccination.			

Hauora a Toi Bay of Plenty has a smoke free policy which prohibits staff, patients and visitors from smoking anywhere in its facilities or grounds. If you smoke; and wish to quit or access a quit smoke/smoking cessation programme please **select yes (tick). Yes**

IMPORTANT PLEASE NOTE:

As per the Health Regulatory Authorities of New Zealand (HRANZ) Joint Guidelines for registered health care workers on transmissible major viral infections (November 2005):

- All Hepatitis B susceptible healthcare workers should be vaccinated and then tested to confirm immunity to Hepatitis B.
- Health care workers who may have been exposed or believe themselves to be infected with HBV, HCV, or HIV could put patients at risk and should be aware of their status through serological testing. To ensure safe practice and in accordance with section 45 of the HPCAA, health care workers who test positive may need to modify their practice. The employer will maintain confidentiality and consult expert physician advice in these circumstances.

Declaration: I _____

- Declare to the best of my knowledge that the information that I have given is correct. Hauora a Toi Bay of Plenty relies upon this information in terms of safety for staff and students; therefore it is essential that you provide accurate and correct information.
- Understand and accept that I may be required to attend a health assessment with an Occupational health Physician or another appropriate clinician.
- Understand that withholding information or supplying incorrect or misleading information on this questionnaire may result in my being dismissed and unable to complete a student placement.

Signature: _____

Date _____

Your Checklist:

- I have completed every section of the questionnaire (if not it may delay the processing of this form)
- I have attached disease evidence required for role
- I have kept a copy of the Health Questionnaire for my records