

External Dental Practice

EPP/Immunisation Clearance Questionnaire

Instructions for Completion

Practice Manager: Please complete Page 1 (below) and then pass on to staff member.

Staff Member: Please read Page 2 and then complete the Immunisation Record (Page 3), the Tuberculosis Screening Questionnaire (Page 4-5), and finally sign the Staff Member Declaration (Page 5) and scan and email to gram.ohs@nhs.scot (or post to GO Health Services, Foresterhill Lea Building, Foresterhill Health Campus, Aberdeen AB25 2ZY).

For further information on completing this questionnaire please refer to [Dental Clearance Summary - Explanatory Notes](#) and [Mantoux Skin Test – Information Sheet](#) (both available from our web page - <https://gohealthservices.scot.nhs.uk/dental>)

A report entitled 'External Dental Clearance Summary' will be issued following OHS assessment to both the Practice Manager and the Staff Member. Appointments will only be arranged when the necessary paperwork, including immunisation evidence has been returned to OHS.

Staff Member Details

Name: _____ Date of Birth: _____

Role: _____

Home Address: _____

Country of Birth: _____

Telephone: _____ Email: _____

Practice Name & Address: _____

Manager Details

Name: _____ Email: _____

**** EPP CLEARANCE REQUIRED: ** YES / NO**

Signed by Manager: _____ Date Signed: _____

The Staff Member should read the information below before completing the Immunisation record on Page 3:

Blood tests

Hepatitis B Surface antigen, Hepatitis C Antibody and HIV Antibody testing – Identified Validated Samples are required for exposure prone procedure posts. The sample must be from an Occupational Health Service who has confirmed the identity of the person by checking photographic ID, this includes a passport, photographic driving licence or a photographic ID card.

Laboratory Reports – Please include copies of Laboratory results which must be from a UK recognised Laboratory for Hepatitis B, Hepatitis C and HIV.

Immunisation

Please provide information **AND EVIDENCE** of any Vaccinations (Immunisations) you have received to date.

If you have not completed vaccinations which are recommended for your post we will offer them to you. These include the following:

Measles, Mumps and Rubella MMR – You are required to have documentary evidence of two MMR vaccinations. Most people receive these in childhood. If you do not have this, you should discuss having this done through your GP practice.

Tetanus, Diphtheria, Pertussis and Polio – You should have evidence of 5 vaccinations. If you do not have this, you should discuss having this done through your GP practice.

Hepatitis B – This is given to ensure you are protected from contracting this disease in the event of an exposure to blood or body fluids. This is a course of three immunisations, followed by a blood test to check immunity.

Varicella (Chickenpox) – Please ask your GP to provide evidence if possible, if you have had chickenpox. If you do not have evidence we will take a blood test to confirm before offering the vaccination.

Immunisation Record

We require the following information including any documentary evidence you have. The information provided will be retained by GO Health Services and will be held on a secure database and will not be used for any other purpose without your consent.

<u>Vaccine / Test</u>	<u>Vaccination Dates & Results</u>	<u>Identified & Validated Lab Report</u>	<u>Signature of GP/Practice Nurse/OHS</u>
Childhood Vaccinations <i>(Information can be obtained from your GP Practice or previous OHS. Please ensure these are up to date.)</i>			
MMR 1 st			
MMR 2 nd			
Tetanus	Dose 1 Dose 2 Dose 3 Dose 4 Dose 5		
Polio	Dose 1 Dose 2 Dose 3 Dose 4 Dose 5		
Diphtheria	Dose 1 Dose 2 Dose 3 Dose 4 Dose 5		
Pertussis	Dose 1 Dose 2 Dose 3 Dose 4 Dose 5		
Please indicate if you have received the following vaccinations/blood tests – provide documentary evidence			
Hepatitis B 1st			
Hepatitis B 2nd			
Hepatitis B 3rd			
Hepatitis B Antibody Blood Test		Y/N	
Mantoux Test			
Mantoux Reading (result in mm)			
BCG			
Varicella (Chickenpox) Blood Test	Negative / Positive		
Varicella Vaccine	Dose 1 Dose 2		
Verbal History of Childhood Infection			
Hepatitis B Surface Antigen	Negative / Positive	Y/N	
HIV Antibody	Negative / Positive	Y/N	
Hepatitis C Antibody	Negative / Positive	Y/N	

Practice Stamp:

Tuberculosis Screening Questionnaire

Please answer the following questions:				<i>Please tick</i> ✓	
				YES	NO
Have you previously been vaccinated against Tuberculosis (TB)? (BCG vaccination)					
Do you have a visible scar or documentation from having BCG vaccination?					
Have you lived outside the UK for 3 months or longer?					
If Yes:	Where?		When?		
Have you ever been in contact with anyone with Tuberculosis?					
If Yes:	When?				
Have you been diagnosed or treated for active/latent Tuberculosis in the past?					
Have you had a Mantoux or IGRA test in the past?					
If Yes: When?		What was the result?		Please provide evidence of result	
Have you had a severe reaction to Mantoux in the past?					
Do you have a cough/spit/sweats/unintentional weight loss?					
Are you under investigation for any health problems?					
Please list any medical conditions (past/current):					
Do you have a history of leukaemia, lymphoma or any transplant?					
Are you, or could you be, HIV positive?					
Please list any regular medication:					
Have you had oral steroids, immunosuppressant drugs, chemotherapy or radiotherapy in the last year?					

If Yes, please specify:		
(Where applicable) Are you pregnant?		
(Where applicable) Could you be pregnant?		
Date of LMP, method of contraception?		

Staff Member Declaration

I confirm that the information given on this form is correct to the best of my knowledge. I understand that if any information is false or has been deliberately omitted I may be regarded as ineligible for employment or liable to be dismissed. I understand that this form will remain in Occupational Health within my Occupational Health Record and I understand that medical details will not be disclosed to any person outside the Occupational Health Service.

I consent to a report being sent to my Practice Manager containing the following information:

- My clearance to undertake exposure prone procedures.
- Any recall required for EPP clearance and failure to attend for this.
- The outcome of immunisation courses to allow managers to risk assess appropriately.
- Completion of TB screening.

Signed by Staff Member: _____ Date Signed: _____