 **Certificate of fitness for placement**

Name of Occupation Health Service (or logo)

Address

Telephone number

Email address

Website address

**Confidential**

Date:

To: *Supplier’s named representative*

|  |  |
| --- | --- |
| **Re:** | Temporary Work-Seeker/Work-Seeker’s full name (forename and surname), e.g. John Doe Smith |
| Date of Birth | DD/MM/YYYY |
| Relevant Professional Body’s registration number (if any) | 0000000 |
| Post applied for | Medical secretary |

The above named applicant has undergone health screening/assessment for the above post in accordance with latest Department of Health guidelines regarding healthcare workers and health clearance/immunisation against infectious diseases and is hereby certified as being:

[ ] fit for employment for the proposed post.

[ ] fit for employment for the proposed post, with the following restrictions:

[ ] not fit for employment for the proposed post.

[ ] named applicant should contact the occupational health service.

The above named applicant’s health assessment/clearance review date is:

 DD/MM/YYYY (maximum of twelve months from date of certificate)

A record of the health screening/assessment undertaken and results, as appropriate, is attached.

**Certificate of fitness for placement**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename(s) | John Doe | Surname | Smith |
| Date of Birth | DD/MM/YYYY | Relevant Professional Body registration number, if any | 0000000 |
| Post applied for | Medical secretary | Employer’s name | Name of Supplier |

**Record of comprehensive health screening/assessment undertaken and results, if applicable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date of Serology Test**  | **Level** | **IVS** | **Recheck Date** | **Comments/follow up action** |
| HBsAb | DD/MM/YYYY |  |  | DD/MM/YYYY |  |
| HBcAb | DD/MM/YYYY |  |  | DD/MM/YYYY |  |
| Rubella | DD/MM/YYYY |  |  | DD/MM/YYYY |  |
| Measles | DD/MM/YYYY |  |  | DD/MM/YYYY |  |
| Mumps | DD/MM/YYYY |  |  | DD/MM/YYYY |  |
| Varicella | DD/MM/YYYY |  |  | DD/MM/YYYY |  |

**TB skin test:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | DD/MM/YYYY | Result |  | X-Ray result |  |

**BCG:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | DD/MM/YYYY | Scar present? | Yes / No | Size |  |

If you require further information or advice, please contact the occupational health service. This certificate is to be kept safe and secure.

This Certificate of fitness for placement has been provided by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position** |  |
| **Signature** |  | **Date** | DD/MM/YYYY |
| **Qualification** |  | **GMC/PIN no.** |  |
| **Stamp** |  |