

**OCCUPATIONAL HEALTH  
NEEDS ASSESSMENT REQUEST**

<i>For completion by Company</i>	
<b>Company Name</b>	
<b>Company Address</b>	
<b>Contact Name:</b>	
<b>Telephone Number:</b>	
<b>Nature of Business</b>	
<b>Number of Employees</b>	
<b>Have you used occupational health services previously?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What occupational health services are you interested in?</b> <b>(Please tick all that apply)</b>	<input type="checkbox"/> Pre-employment health assessments <input type="checkbox"/> Health surveillance e.g. lung function, hearing, hand arm vibration, skin <input type="checkbox"/> Medicals e.g. driver, confined spaces, working at heights, radiation <input type="checkbox"/> Sickness absence management <input type="checkbox"/> Occupational vaccinations and screening services <input type="checkbox"/> Workstation Assessments <input type="checkbox"/> Drug and Alcohol screening <input type="checkbox"/> Training or Policy Development <input type="checkbox"/> Staff Health checks
<b>Any other information or comments</b>	
<p>Once completed a copy of this form should be submitted to <a href="mailto:occupational.health@nhs.net">occupational.health@nhs.net</a></p>	