

**FFURFLEN IMIWNEIDDIO IECHYD GALWEDIGAETHOL - I'W DYCHWELYD I IECHYD GALWEDIGAETHOL YN UNIG
OCCUPATIONAL HEALTH IMMUNISATION FORM- TO BE RETURNED TO OCCUPATIONAL HEALTH ONLY**

Teitl: Title:	Ms ☐ Miss ☐ Mrs ☐ Mr ☐ Mx ☐ Dr ☐ Athro/Professor ☐	Gender:	☐ Gwryw /Male: ☐ Benyw /Female: ☐ Anneuaidd/Trydydd Rhyw/ Non Binary/Third Gender ☐ Gwell gennyf beidio â dweud/ Prefer not to say ☐ Mae'n well gen i ddefnyddio fy nherm fy hun Prefer to use my own term
Cyfenw/Enw Teulu: Surname/Family Name:		Enw Cyntaf: First Name:	
Enwau blaenorol (os yn berthnasol) Previous names (if applicable)		Dyddiad Geni: Date of Birth:	
Rhif Yswiriant Gwladol: National Insurance Number:		Teitl Swydd Arfaethedig: Proposed Job Title:	
Adran: Department:		Safle: Site:	
Cyfeiriad Tŷ: Home Address:		Côd Post: Post Code:	
Cyfeiriad Ebst: Email Address:		Rhif ffôn symudol: Mobile Phone Number:	
A ydych yn gyflogedig ar hyn o bryd neu wedi cael eich cyflogi gan y sefydliad hwn? Are you currently employed or have been employed by this organisation?		Ydw/ Yes ☐ Nac Ydw/No ☐	
Os Oes, cadarnhewch y dyddiadau: If Yes please confirm dates:	O: From:	Click or tap here to enter text.	i: To:
Asesiad Twbercwlosis (Gweler Nodyn 2) Tuberculosis Assessment (See Note 2)		YDW YES	NAC YDW NO
Ai dyma eich cyflogaeth gyntaf o fewn y GIG? Is this your first employment within the NHS?		☐	☐
Ydych chi wedi byw neu weithio y tu allan i'r DU am 3 mis neu fwy o fewn y 5 mlynedd diwethaf? Have you lived or worked outside the UK for 3 months or more within the last 5 years?		☐	☐
Os YDYCH, rhestrwch yr holl wledydd yr ydych wedi byw ynddynt gyda dyddiadau: Cliciwch neu tapiwch yma i fewnbynnu testun. If YES, please list all of the countries that you have lived in with dates:		Click or tap here to enter text.	
A oes gennych unrhyw un o'r canlynol: Do you have any of the following:		YDW YES	NAC YDW NO

Peswch sydd wedi para am fwy na 3 wythnos? A cough which has lasted for more than 3 weeks?		☐	☐
Colli pwysau heb esboniad? Unexplained weight loss?		☐	☐
Twymyn anesboniadwy? Unexplained fever?		☐	☐
A ydych wedi cael brechiad BCG mewn perthynas â TB? Have you had a BCG Vaccination in relation to TB?		☐	☐
Ydych chi wedi cael twbercwlosis (TB), triniaeth TB neu wedi bod mewn cysylltiad â TB agored? Have you had tuberculosis (TB), TB treatment or been in contact with open TB?		☐	☐
Os YDYCH, rhowch fanylion a darparwch gopïau o unrhyw ganlyniadau prawf gwaed/profion croen TB If YES, please give details and provide copies of any TB blood test/skin test results			
Imiwneiddiadau Eraill (Gweler Nodyn 3) Other Immunisations (See Note 3)		YDW YES	NAC YDW NO
Ydych chi wedi cael brech yr ieir? Have you had chickenpox?			
Gawsoch chi eich geni neu eich magu y tu allan i'r DU? Were you born or raised outside the UK?			
A ydych yn dymuno cael cynnig apwyntiad ar gyfer Sgrinio Feirws a Gludir yn y Gwaed (Hepatitis B, Hepatitis C a HIV?) Do you wish to be offered an appointment for Blood Borne Virus Screening (Hepatitis B, Hepatitis C and HIV?)			
Amgaewch gopïau o'r cofnodion imiwneiddio a/neu adroddiadau labordy canlynol: Please enclose copies of the following immunisation records and/or laboratory reports:			
Dogfennaeth gan Ymarferydd Iechyd Galwedigaethol o graith BCG(TB), canlyniad prawf croen TB (Heaf neu Mantoux, prawf gwaed IGRA neu ddogfennaeth o dderbyn brechiad BCG Documentation from an Occupational Health Practitioner of BCG(TB) scar, TB skin test result (Heaf or Mantoux, IGRA blood testing or documentation of receiving a BCG vaccination			
Os nad ydych wedi cael haint brech yr ieir neu os nad ydych wedi cael eich geni neu'ch magu y tu allan i'r DU, dylech gynnwys tystiolaeth ddogfennol o ganlyniad prawf gwaed varicella (brech yr ieir) neu gwrs o frechiadau varicella a dderbyniwyd. If you have not had the chicken pox infection or born or raised outside the UK, please include documentary evidence of a varicella (chicken pox) blood test result or course of varicella vaccinations received			
Dogfennaeth derbyn dau frechiad MMR Documentation of receiving two MMR vaccinations			
Dogfennaeth o frechiadau Hepatitis B a dderbyniwyd, gan gynnwys dosau atgyfnerthu a chopi o ganlyniad eich prawf gwaed imiwnedd Hepatitis B Documentation of Hepatitis B vaccinations received, including booster doses and a copy of your Hepatitis B immunity blood test result			
Dogfennaeth o'r brechiad Hepatitis A, Teiffoid, Difftheria, tetanws a pholio (os yw'n berthnasol i'ch rôl) Documentation of Hepatitis A, Typhoid, Diphtheria, tetanus and polio vaccination (if applicable to your role)			
Dogfennaeth o frechlyn difftheria / tetanws / polio a phertwsis (y pas) yn ystod y 5 mlynedd diwethaf (os yw eich rôl yn cynnwys gweithio ym maes pediatreg/newydd-anedig/mamolaeth) Documentation of a diphtheria / tetanus / polio & pertussis (whooping cough) vaccine in the last 5yrs (if your role involves working in paediatrics/neonatal/maternity)			
Dogfennaeth o frechiadau COVID-19 Documentation of COVID-19 Vaccinations			
Rwy'n datgan bod y wybodaeth a roddwyd gennyf ar y ffurflen hon yn wir hyd eithaf fy ngwybodaeth a'm cred. Deallaf os yw unrhyw wybodaeth yn ffug neu wedi'i hepgor yn fwriadol, y gellir fy ystyried yn anghymwys ar gyfer cyflogaeth neu'n			

agored i gael fy niswyddo. Mewn achosion o'r fath pan fydd angen barn ar unrhyw addasiad, byddwn yn cysylltu â mi i drafod fy ngalluoedd a'r addasiadau a argymhellir. Rwy'n deall y gall Iechyd Galwedigaethol wneud y canlynol gyda'm caniatâd i:

I declare that the information I have given on this form is true to the best of my knowledge and belief. 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. In such cases where an opinion on any adjustment is required I will be contacted to discuss my abilities and the recommended adjustments. I understand that Occupational Health may with my permission:

- Cael canlyniadau imiwneiddio a sgrinio gan unrhyw Adran Iechyd Galwedigaethol flaenorol neu sefydliad GIG arall.
Obtain immunisation and screening results from any previous Occupational Health Department or other NHS organisation.
- Trosglwyddo fy nghanlyniadau imiwneiddio a sgrinio i sefydliadau GIG eraill lle'r wyf yn gweithio, lle rwy'n bwriadu gweithio, bod ar leoliad neu'n rhan o swydd hyfforddiant cylchdro.
Transfer my immunisation and screening results to other NHS organisations where I am working, where I intend to work, be on placement or part of a rotational training post.

Ticiwch y blwch os ydych yn cydsynio i'r uchod

Please tick the box if you consent to the above ☐

Rwy'n deall na fydd manylion meddygol yn cael eu datgelu heb fy nghaniatâd i unrhyw berson y tu allan i'r Gwasanaeth Iechyd Galwedigaethol ond y bydd barn am fy addasrwydd i weithio, gan gynnwys gwybodaeth am fy nghariad i wneud gwaith clinigol ac imiwneiddiadau, yn cael ei rhoi i'r rheolwyr.

I understand that medical details will not be divulged without my permission to any person outside the Occupational Health Service but that an opinion about my fitness to work, including information about my clearance to undertake clinical work and immunisations, will be given to management.

Unwaith y bydd wedi'i llofnodi, anfonwch y ffurflen wedi'i chwblhau'n uniongyrchol i Iechyd Galwedigaethol

Once signed please send completed form directly to Occupational Health

Llofnod yr Ymgeisydd:
Applicant's Signature:

Dyddiad:
Date:

**MANYLION CYSWLLT IECHYD GALWEDIGAETHOL
OCCUPATIONAL HEALTH CONTACT DETAILS**

**Gellir cysylltu â'r Adran Iechyd a Lles Galwedigaethol ar
The Occupational Health & Wellbeing Department can be contacted on**

Gan Ffon:
By Phone: 01874 712600

Gan ebost i:
By email to: powys.occupationalhealthadmin@wales.nhs.uk

Gan post i:
By post to:
Adran Iechyd Galwedigaethol
Bwrdd Iechyd Addysgu Powys
Trem y Mynydd
Ysbyty Bronllys
Powys
LD3 0LU

Occupational Health Department
Powys Teaching Health Board
Hill View
Bronllys Hospital
Powys
LD3 0LU

PEIDIWCH â dychwelyd y ffurflen hon i'r Adran Recriwtio

Please DO NOT return this form to the Recruitment Department