One HMG Healthline - How to apply for medical clearance

Important: We have designed the One HMG Healthline Hub website to be compatible with a range of modern web browsers and operating systems. To correctly view and engage with our website we recommend you use any one of these browsers: <u>Google Chrome</u>, <u>Microsoft Edge</u>, <u>Safari</u> or <u>Firefox</u>. Note: Internet Explorer is <u>not</u> supported.

<u>STEP 1</u>

Go to the One HMG Healthline Hub Website ("Hub") using the following web link <u>https://healthline.healix.com</u>

ONE HMG			Contact Us
	One HMG Healthline	Email	
	Welcome	Password	
		Sign in Forgotten your password? Or register if you do not have an account	
i.		Register	
One HMG Healthline	p brought to you by healix ⁿ		Cookies Privacy Policy

<u>STEP 2</u>

Click on the Register link to create your new Hub account*

*The One HMG Healthline Hub is a new service (Nov 2020. All users (staff and dependents over the age of 16), including those who already have medical clearance should create a Hub account. This registration only needs to be done once and all future clearances can be submitted by signing in to the hub using the same credentials. Once you have registered for a Hub account you do not need to submit medical clearance if you have active clearance

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One HMG Healthline	Email		
Welcome	Email*		
	Password		
	Password*		
	Sign in Forgotten your password? Or register if you do not have an account Register		
	Tregister		

<u>STEP 3</u>

Register a New Account on the Hub with your **Medical Clearance Code**, provided by your department, along with your **PF/staff/service number**, **email** address and **password** of your choice.

Note: The email provided must be unique for each person over 16yrs and we recommend you use your personal
email address.

Please ensure any dependants accompanying you to post use <u>your</u> PF/staff/service number.

k NE HMG	
Register a New Account Please enter your details in the form below to create your account. The email you provide will be used to se account registration and to send you notifications.	end you confirmation of your
Your Employee Details	
Medical Clearance Code: Medical Clearance Code*	
PF/Staff Number* PF/Staff Number*	
Your Personal Details	
First Name: First Name*	
Last Name: Last Name*	
Date of Birth: Date of Birth (dd/mm/yyyy)*	
Your Account Details	
Email* Email*	
Confirm Email: Confirm Email*	
Create Password*	
Confirm Password*	
	Cancel Register

<u>STEP 4</u>

Once you have successfully registered you will see a note stating that the request for a new account has been received and will be validated for security purposes.

ONE HMG		Contact Us
	Register a New Account	
	Thank you for registering for a new One HMG account. We have received your request and once validated we will send a confirmation message to your email. Please follow the link in the email to activate your account. Note that this may take up to 48 hours to validate.	
	ок	

STEP 5

Once your account has been validated (within 48hrs), you will receive an email with a link – click this to activate your account and go to the login page



STEP 6

Once you have signed into the Hub you will see the **Medical Clearance** tile. Select this tile to go to the clearance forms.

If you already hold active medical clearance you will also see other tiles such as 'medical help' or 'dental help'



<u>STEP 7</u>

Once you have selected the Medical Clearance tile, you will be taken to the clearance forms. Please re-enter the medical clearance code provided to you by your department and then click **Start Clearance**

ONE HMG		Home	Contact Us	FAQs	•
	Medical Clearance Please enter your Medical Clearance Code to submit a new Medical Clearance. Medical Clearance Code				
	Start Clearance Incomplete Clearances For security reasons, we can only display your incomplete clearances for a maximum of 7 days. You currently have no incomplete clearances.				

<u>STEP 8</u>

You will see a screen providing details of the information you should have to hand before starting the clearance form. You will also be asked to confirm who you are submitting a clearance for.

Note: You are only able to submit clearances on behalf of yourself or any accompanying dependants aged <u>under</u> 16. Any dependants <u>over</u> 16 who are accompanying you to post will need to create their own account using a unique email address in order to submit clearance forms.

😻 ONE HMG		Home	Contact Us	FAQs	•
	Medical Clearance				
	Pre-Posting Clearance				
	You will have seven days to complete the medical questionnaire for your posting clearance. Once started, you can save the document and return to it during the seven days but after this time it will automatically be deleted and you should start the process again.				
	You will be asked to answer questions about various aspects of your health. This is to help us advise you about health when you are overseas. You may want to gather the following information in advance of starting the questionnaire:				
	 Staff number NHS number – this is vital for you to be able to access timely support if required Name and address of your GP Details of any hospital admissions in the past 10 years; i.e. dates and medical problem Your height and weight (imperial or metric) Dates and results of any routine screening If you have an ongoing condition we would like to know if this is GP or Consultant lead, where you are having your appointments and how frequently, e.g. Orthopaedic appointments annually at UCLH. You will be able to attach clinic letters and any other relevant documents at the end of the clearance questionnaire 				
	Are you submitting a Pre Posting clearance for yourself or for your child dependant?				
	 ○ For myself ○ For my child dependant 				
	Continue				

<u>STEP 9</u>

Please complete the short general details page, including your NHS number. If you do not know your NHS number you can confirm this with your GP or any GP you have been registered with previously. One HMG Healthline is unable to do this on your behalf because your GP will only give this to the patient. Not providing this may delay your clearance. If you are not eligible for NHS care, please provide a brief reason for this.

<u>STEP 10</u>

You will be asked to declare any dependants accompanying you on your posting. This includes spouses, partners and children.



😻 ONE HMG					Horne Contact Us FAQs 💄
	Medical Cleara	nce ance			
	Dependants Details You ONLY need to tell us abo How many dependants d	ut dependants that will be at f o you have?* 2	² ost with you at ANY stage		
	Dependant 1 Forename*	Surname*	Date of Birth*	Dependant Type*	
	Dependant 2	Bentley	04/11/1981	Spouse ~	
	Forename* Brianna	Surname* Bentley	Date of Birth* 04/11/2020	Dependant Type* Child ~	
	If you want to return to complete days.	this clearance later, please clie	ck Save. The partially completed fo	m will be saved for no longer than	7
	Print		Sa	Go Back Conti	nue

<u>STEP 11</u>

Click **continue** to submit posting dates and work related travel plans, including regional remits.

STEP 12

If you are the employee, you will be asked to complete an occupational health section.

<u>STEP 13</u>

Then you will be asked to complete a medical questionnaire. If you answer 'Yes' to some questions, you may be asked for additional details. Please provide as much information as you can, including any consultant's letters or relevant medical reports. These can be uploaded at the end of the clearance form.

ONE HMG	Home Contact Us FAQs 🔺
Step 1 Step 2 Step 3 Step 4 Step 5 Step 6	
Medical Clearance Pre-Posting Clearance	
Personal Details Do you suffer or have you suffered from any of the following:	
Any disease of the heart, rheumatic fever or high blood pressure.	
Arly lung disease including bronchius, empriysema or rb. Yes No Asthma. Yes No	
Please outline what treatment you have had, the dates of the treatment, where you had the treatment, and the date of any planned future appointment. If you are under the care of a consultant, please use the upload function at the bottom of this page to attach your most recent clinic letter.	
Do you regularly use inhalers for your asthma?	
Which inhalers have you been prescribed, including the dosage and how often you use them? Please give details	

Upload any documents you wish to attach to this clearance

Browse

<u>STEP 14</u>

If the form does not submit, then a question has not been completed or details have not been provided in the text box. This will be highlighted in **red**.

NR HMG	Home Contact Us FAQs 🚔
Step 1 Step 2 Step 3 Step 4 Step 5 Step 6	
Medical Clearance	
Pre-Posting Clearance	
There were some errors in the data provided. Please c	orrect the errors and try again.
Personal Details	
Do you suffer or have you suffered from any of the following:	
Any disease of the heart, rheumatic fever or high blood pressure.	Yes No
Any lung disease including bronchitis, emphysema or TB.	Yes No
Asthma.	Yes No
Blood clots or abnormal bleeding.	Yes No
Sleep disorders.	Yes No
Please outline what treatment you have had, the dates of the treatment, where you appointment. If you are under the care of a consultant, please use the upload function recent clinic letter.	had the treatment, and the date of any planned future on at the bottom of this page to attach your most
Have you been referred to a specialist for your sleep disorder?	Yes No 🔥

<u>STEP 15</u>

Once the form is complete, you will be asked to tick a declaration

ONE HMG		Home	Contact Us	FAQs	:
	Stop 1 Stop 2 Stop 3 Stop 4 Stop 5 Stop 6				
	Medical Clearance				
	Declaration Please read the following declaration carefully and confirm your agreement with points 1 to 5 by ticking the box below: 1. I confirm that all the answers given in this questionnaire are true to the best of my knowledge and have been recorded correctly. 2. I have not knowingly withheld any medical information and recognise that to do so could jeopardise my own or my dependants' entitlement to cover under the HealthLine contract. I understand that the HealthLine Team may make contact with me to discuss this in more detail if required. 3. I give permission, if necessary, for my questionnaire to be referred to the Occupational Health Team for review. I am aware that I may be asked to contact my own, or my dependants' doctor, to obtain further medical information.				
	 4. I consent to the information collected via the HealthLine Clearance Website, submitted directly by me, or provided to HealthLine at the time of accessing the services, to be stored and processed by the HealthLine Provider for the purpose of providing and improving the service. 5. I understand that I can learn more about how the HealthLine Provider stores and processes my personal data in the HealthLine Privacy Notice here Privacy Notice. I confirm that I have read and agree with points 1 to 5 in the Declaration. 				
	Once you click Submit you should receive an email confirmation to confirm receipt of your clearance. If you do not receive an email upon submitting this clearance, please contact the HealthLine on +44 (0) 208 481 7800 as we may not have received your clearance.				
	Print Go Back Submit				

<u>STEP 16</u>

Once your medical clearance request has been submitted, you will see a confirmation page, advising that you will be contacted within 72 hours. You will also receive an email confirming we have received your clearance request.

ONE HMG				Home Contact Us FAQs	•
	Pre-Posting Clearance				
	Thank you for completing the Pre-Posting Clearance form. You will be sent an email confirming the receipt of your submis HealthLine team on +44 (0) 208 481 7800. Once your clearance has been successfully submitted, you assessment. If further information is required you will be contac You have listed the following dependants that will be at post will	ssion. If you have not heard from us ur information will be reviewed by ted by one of the team. th you:	within 72 hours, please contact the the HealthLine medical team for		
	Bridget Bentley	04/11/1981	Spouse		
	Brianna Bentley	04/11/2020	Child		
	Please ensure that a separate clearance is completed for e	ach dependant			
			ок		