

Occupational Health Service

Unit name goes here

|  |
| --- |
| *This form is confidential to the Occupational Health Service.* |

Respiratory and Skin Questionnaire

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Email at University: | Job Title: |
| Personal Email | Daytime Tel: |
| Home Address : | Manager’s Name: |
| School/Department: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Details |
| Workplace exposure to respiratory sensitisers |  |  |  |
| Isocynates |  |  |  |
| Laboratory animals |  |  |  |
| Flour/grain |  |  |  |
| Wood dusts |  |  |  |
| Gluteraldehyde |  |  |  |
| Solder fumes |  |  |  |
| Silica |  |  |  |
| Expoxy resins |  |  |  |
| Other |  |  |  |

Medical History:

Do you have or have you ever had any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Details** |
| Asthma or another chest disease |  |  |  |
| Cough |  |  |  |
| Phlegm production |  |  |  |
| Wheeze |  |  |  |
| Chest tightness |  |  |  |
| Feeling short of breath |  |  |  |
| Runny or stuffy Nose |  |  |  |
| Runny /red/itchy eyes |  |  |  |
| Eczema |  |  |  |

If you have experienced symptoms, do they get better when you are away from work?

|  |
| --- |
| Please give details : |

Are you allergic to anything?

|  |
| --- |
|  |

Are you allergic to anything you are required to work with?

|  |
| --- |
|  |

Do you smoke?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | If yes, please give details: |

Skin: Are you exposed to skin sensitisers?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | If yes, please give details: |

**History:** Have you had a skin problem in the past?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | If yes, please give details: |

**Current Skin Condition:** Do you have any skin problems on your hands at present?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | If yes, please give details: |

Do you currently have any of the following symptoms?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Skin soreness or redness |  |  |
| Itching skin |  |  |
| Rash |  |  |
| Dry skin |  |  |
| Other skin symptoms |  |  |

Does the problem improve when away from work?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | If yes, please give details: |

Do you use Personal Protective Equipment (PPE) at work?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | If yes, please give details: |

Hand Washing: How often do you wash your hands during your working day?

|  |
| --- |
| Details: |

Employee Consent for Occupational Health Assessment and Report

As you are aware you have been referred to Occupational Health for a health surveillance assessment.

After the assessment a report will be sent to your manager or to a designated officer in Health and Safety services if appropriate. Medical information gathered during the assessment will only be disclosed to your manager or designated officer with your consent.

In some Circumstances a summary of the report may be sent to Health and Safety Services if it is considered a medical condition may have been caused or made worse by work.

|  |  |  |
| --- | --- | --- |
| Please tick the boxes below: | Yes | No |
| I declare that I have been advised as to the purpose of the assessment by the Occupational Health Advisor |  |  |
| I consent to an Occupational Health Report being sent to my manager and designated officer as appropriate |  |  |

|  |  |
| --- | --- |
| Employee Signature: | Date: |

|  |
| --- |
| *Occupational Health Practitioner Use Only*    **Visual Assessment**  **Does the employee’s hands and skin appear normal?**  **Right:**  **Left:**  **Comments** |

Assessment Details

|  |  |
| --- | --- |
| Date: |  |
| Height: |  |
| Weight: |  |
| FEV1: | Measured/predicted |
| FVC: | Measured/predicted |
| PEFR: | Measured/predicted |
| FEV1/FVC%: |  |
| BP: |  |