



## hands on Occupational Health

Name		Date of Birth	
Address		GP/surgery details	
Job title		Time in Job	

### Occupational Exposure- what have you been in contact with in your current role?

Substance	How long exposed (months)	Estimate of exposure- H/M/L
Protection worn? Y/N	Was it face fit tested? Y/N	Is workplace extracted? Y/N
<b>WELDERS ONLY</b>		
Are you exposed to welding fume?	Y/N	If yes, have you had pneumococcal vaccination with your GP? Y/N

### Previous Exposure- what have you been in contact with in previous roles?

Employer	Job	Substance	Exposure H/M/L	Dates

### Medical History

Do you have any chest problems eg asthma, bronchitis, COPD, tuberculosis?	If yes give details Last inhaler use?
Have you ever had a collapsed lung, fluid around the lung or coughed up blood?	Details
Have you ever been seen by a chest specialist?	Details
Have you had chest investigations? Xray,CT scan, MRI?	Details
Have you had asthma as a child?	Details
Do you have hayfever/eczema/allergies?	Details
Does anyone in your family have asthma, hayfever, eczema?	Details

Do you have pets?	Details
What are your hobbies and pastimes?	

**Current health**

Do you smoke?	If so give details (include cigars/pipe)
Have you ever smoked?	Give details? How many, when did you stop?
How often do you have a chest cold/flu?	
Have you had any clots on the lungs?	
Have you any heart or circulation problems? Eg heart attack/angina?	
Do you have any bulging blood vessels (aneurysms)?	
Have you had any surgery (operations) in the last year? Including eye surgery	
Do you take medication either prescribed or over the counter?	

**Symptoms**

If you have any of the following symptoms please identify if these improve at times when you are not at work.

Itchy watery eyes	Yes/No	Better when not at work? Y/N
Itchy or runny nose	Yes/No	
Stuffy nose or catarrh	Yes/No	
Sneezing	Yes/No	
Dry tickly throat	Yes/No	
Wheeze	Yes/No	
Cough	Yes/No	Give details
Do you have shortness of breath?	Yes/No	
Have you had any absence due to chest problems	Yes/No	Give details
Have any chest problems stopped you doing what you want to?	Yes/No	Give details

Have you had any vomiting, diarrhoea or cold sores in the past two weeks?	Yes/No
Are you fit and well today?	Yes/No
Do you have a cold or chesty cough at present?	Yes/No
Smokers- When was your last cigarette?	
Are you clothes loose fitting?	Yes/No

The information above is true to the best of my knowledge, I understand that advice will be given to my employer on my fitness to continue in a role working with respiratory sensitisers/irritants.

Signed.....Print Name.....Date.....