

SOUTH GLOUCESTERSHIRE OCCUPATIONAL HEALTH SERVICES

Initial screening questionnaire

MEDICAL IN CONFIDENCE

INITIAL SCREENING QUESTIONNAIRE FOR WORKERS USING HAND-HELD VIBRATING TOOLS, HAND-GUIDED VIBRATING MACHINES AND HAND-FED VIBRATING MACHINES

Date:

Employee name: Date of birth:

Occupation:

Address:

.....

National Insurance No:

Employer name:

Have you ever used hand-held vibrating tools, machines or hand-fed processes in your job? YES NO

If YES:

(a) List year of first exposure.....

(b) When was the last time you used them?

(detail work history overleaf)

- | | | |
|---|-----|----|
| 1. Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment? | YES | NO |
| 2. Do you have tingling of the fingers at any other time? | YES | NO |
| 3. Do you wake at night with pain, tingling, or numbness in your hand or wrist? | YES | NO |
| 4. Do one or more of your fingers go numb more than 20 minutes after using vibrating equipment? | YES | NO |
| 5. Have any of your fingers gone white* on cold exposure?
<i>*Whiteness means a clear discoloration of the fingers with a sharp edge, usually followed by a red flush.</i> | YES | NO |



Blanching

- | | | |
|---|-----|----|
| 6. If Yes to 5, do you have difficulty rewarming them when leaving the cold? | YES | NO |
| 7. Do your fingers go white at any other time? | YES | NO |
| 8. Are you experiencing any other problems with the muscles or joints of the hands or arms? | YES | NO |

Continue overleaf

SOUTH GLOUCESTERSHIRE OCCUPATIONAL HEALTH SERVICES

Initial screening questionnaire

MEDICAL IN CONFIDENCE

9. Do you have difficulty picking up very small objects, e.g. screws or buttons or opening tight jars? YES NO
10. Have you ever had a neck, arm or hand injury or operation? YES NO
- If so give details.....
11. Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels? YES NO
- If so give details.....
12. Are you on long-term medication? YES NO
- If so give details.....

OCCUPATIONAL HISTORY

Dates

Job Title

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

I certify that all the answers given overleaf are true to the best of my knowledge and belief.

Signed:

Date:

RETURN IN CONFIDENCE TO:

.....