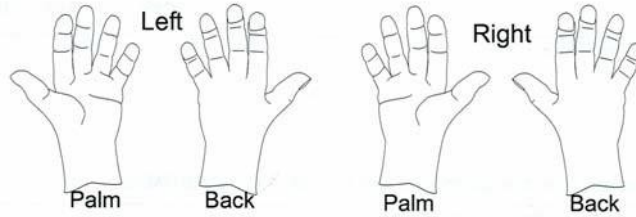


SOUTH GLOUCESTERSHIRE OCCUPATIONAL HEALTH SERVICES
SKIN SURVEILLANCE QUESTIONNAIRE

Full Name:	Date of Birth:
Place of Work:	Occupation:
Male / Female:	Dominant Hand:

Description of work done:
How frequently do you come into contact with hazardous substances e.g. animals, chemicals etc? (Please circle answer) CONSTANTLY / OFTEN / SOMETIMES / RARELY / NEVER
What hazardous substances e.g. animals/chemicals do you come into contact with / use?
Do you use personal protective equipment at work? (Please circle answer) If you answer yes please use the back of this sheet of paper to list the PPE/RPE use. Please also list the type of gloves that you use. YES / NO / SOMETIMES
Any previous skin problems? YES/NO If YES, give details: Are you aware of anything that currently upsets your skin? YES/NO If YES, give details:
Do you have/had any allergies? YES/NO If YES, give details:
Do you regularly use a moisturiser on your hands? (Please circle answer) YES / NO Which one(s) - MORE THAN 5 TIMES PER DAY / 2 – 3 TIMES PER DAY / ONCE A DAY / RARELY / NEVER
Other activities e.g. hobbies?
Do you regularly do the washing up at home? YES / NO If YES, do you wear gloves? YES / NO what type?

Visual Assessment of Hands:



Score		Details
0		Skin looks normal
1	1 of	Dry, redness, cracking, blisters, open sores, bleeding, infection
2	2 of	
3	3 of	
4	4 of	
5	5 of	

Skin area	Score	Details

Other parts of the body

	<p>The diagram shows two human figures, one facing forward and one facing backward, with small circles on the hands and feet indicating areas for assessment.</p>

Comments:

Assessment: *(please circle outcome)*

FIT for specified work **FIT with restrictions** **REFERRED for medical opinion**

OH signature: **Date:**

Recall Date:.....

This data is entirely confidential to the Occupational Health Unit and will not be revealed to anyone else, either inside or outside the Company unless with your consent. However, generalised advice on your fitness to work, if appropriate, may be given.

I hereby declare that the above medical information is true and accurate to the best of my belief and knowledge. I will notify Occupational Health if there is any change to my health.

Employee signature: Date: