Company:
Job Title:

PERSONAL DETAILS

Surname:	
First Name(s):	
D.O.B:	
Address:	

	No	Yes	Further Information:
Do you work with vibrating tools or equipment?			

If you answered no, please proceed to Section 6

Are you left or right handed?	L	R

	No	Yes	If yes, please give details here
Are you currently experiencing problems with your hands/arms? If so what?			
Have you ever had a neck/arm/hand injury? (not necessarily at work) if so what?			
Have you ever had an operation on your neck/arm and or hand? Please give details if yes			
Have you ever had any serious disease of the joints/nerves/ heart or blood vessels? If so, what?			
Are you on any medication or treatment for any condition? If so, what?			

Are you a smoker? If yes, how many per day?			
Do you drink alcohol? If yes, how many units per week?			
Do you use vibrating tools in the course of your work?			
Have you stopped using vibrating tools in the last 12 months?			
Which tools do you/did you use?			
Which of the above do/did you use most?			
On average how many hours do you spend using vibrating tools each week?			
How many hours did you spend using vibrating tools last week?			
How long have you been doing your current job? (in years)			
What jobs did you do previously, outside this company that involved vibrating tools? (please include approximate hours/day and total years in the role)			
	No	**Yes**	If yes, please give details
Have you any exposure to chemicals at work? If yes, what?			
Do you have any leisure pursuits, which expose you to hand transmitted vibration? If yes, what?			
Do you work in the evening or at weekends with vibrating tools? If so what tools do you use? And for how long?			
Is there any family history of circulatory problems?			
Have any members of your immediate family suffered from vibration white finger?			

Symptoms - Blanching

Have you ever had attacks in which any or all of your fingers suddenly become cold and numb, and at the same time turned white or pale (blanching)?	Yes ❒	No ❒
If so, have the attacks been brought on by cold, damp or wet conditions?	Yes ❒	No ❒
During an attack, have you ever noticed a clear edge between the white or pale part of your finger and the normal colour of your hand?	Yes ❒	No ❒
Has this occurred during the past 12 months?	Yes ❒	No ❒
How long have you noticed blanching?	……	Years

If you suffer from blanching does this occur:

Only in cold weather?	Yes ❒	No ❒	Several times a month?	Yes ❒	No ❒
All the year round?	Yes ❒	No ❒	Every day?	Yes ❒	No ❒
Several times a year?	Yes ❒	No ❒	Several times a day?	Yes ❒	No ❒

Is the blanching:	Getting better?	Yes ❒	No ❒
	Remaining the same?	Yes ❒	No ❒
	Getting worse?	Yes ❒	No ❒

Do you experience whiteness in your feet or other periphery? If yes state where	Yes ❒	No ❒

Please mark which parts of your fingers are affected by blanching

Right Hand

Left Hand

Symptoms - Tingling excluding tingling lasting for up to 20 minutes after using vibrating tools

Do you suffer from tingling of the fingers?	Yes ❒	No ❒
Does this occur in response to cold?	Yes ❒	No ❒
Does this occur with blanching?	Yes ❒	No ❒
Does this occur whilst working?	Yes ❒	No ❒
Does the tingling occur at other times (e.g. at night) or disturb your sleep? If so, when does this occur and how long does it last?	Yes ❒	No ❒

7

Do you have any tingling or pain in your forearm (between the wrist and elbow)? Yes ❒ No ❒

How long have you suffered from tingling? …… Years

Please mark which parts of your fingers or hands are affected by tingling

Right Hand

Left Hand

Symptoms - Numbness excluding transient numbness lasting for up to 20 minutes after using vibrating tools.

Do you suffer from numbness of the fingers? Yes ❒ No ❒

Does this occur in response to cold? Yes ❒ No ❒

Does this occur with blanching? Yes ❒ No ❒

Does this occur whilst working? Yes ❒ No ❒

Does the numbness occur at other times (e.g. at night) or disturb your sleep? Yes ❒ No ❒
If so when does this occur and how long does it last?

How long have you suffered from numbness? …… Years

Please mark which parts of your fingers or hands are affected by numbness

Right Hand

Left Hand

Symptoms - Musculoskeletal

Are you experiencing any problems with the muscles or joints of your hands / arms / wrists / elbows / shoulders?	Yes ❒	No ❒
Pain	Yes ❒	No ❒
Stiffness	Yes ❒	No ❒
Swelling	Yes ❒	No ❒
Weakness	Yes ❒	No ❒

If yes, give details

Under GDPR 2018, health data is processed under Article 9 (2) (h): processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems or services.

I consent to undergo health surveillance as described/explained to me.

I confirm that I give my consent for the Occupational Health Nurse from South Gloucestershire Occupational Health Services Ltd to contact my GP with the result of my tests if deemed clinically appropriate. I give my consent for the Occupational Health Nurse to discuss the outcome of my medical assessment with my manager if in his/her professional opinion this outcome could affect fitness for work or personal safety.
I understand that the result will be included in my Occupational Health records, as part of health surveillance requirements under the COSHH (2002) Regulations:

Failure to sign the consent may result in Health Surveillance not being undertaken by the OH Nurse and your manager will be advised of this. All medical information is kept in medical confidence and no clinical information is given to your employer. You are entitled to copies of your health records and if you wish a copy please apply in writing to South Gloucestershire Occupational Health Services Ltd. No personal information is shared with third parties and that information is kept in confidence in our records.

I declare that the information given above, is true and accurate, to the best of my knowledge.

Signature of employee:	Print name:
Date:	