



Respiratory and Skin Questionnaire

Please complete the questionnaire below and bring it with you to your appointment. You will then have a lung function test and a skin assessment.

Name:	DOB:
Company:	Role:

Questionnaire	YES	NO
1. Do you have any persistent problems with your breathing? e.g. wheezing, cough. <i>Do not include isolated colds, flu etc.</i> If NO go to Q.13		
2. Do you have bouts of persistent coughing?		
3. Do you get wheezy?		
4. Do you get tightness in the chest?		
5. Do you get breathless?		
6. Do you get recurring blocked or runny nose?		
7. Do you think your symptoms are associated with work?		
If NO go to Q.11		
8. Did you have any of these symptoms before you started work with the company?		
9. Do your symptoms get worse or better at any particular time of the day?		
If NO go to Q.11. If YES please give more information.		
10. Do your symptoms get better when you are away from work?		
11. Which part of your working area appears to make you symptoms worse? Please provide details:		
12. What particular Materials do you work with?		
	Yes	No
13. Do you get asthma?		
If NO go to Q.18		
14. How long have you had asthma?		
15. Do you smoke? If YES: How many per day on average:		
16. Do you have hay-fever?		
17. Do you smoke? If yes, how many a day?		
18. Do you have any problems with your skin?		
If NO go to Q.22		



19. Do you have skin problems you need to treat on a regular basis? E.g. eczema, psoriasis. Please provide details below:												
20. On which part of your body does the rash occur?												
Face		Hands		Arms		Legs		Trunk		Other		
21. Do you think your symptoms are associated with your work?												
If NO go to Q.22												
22. List below any other important medical conditions that you have.												
<p>I consent to undergo health surveillance as described/explained to me. 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.</p>												
<p>I understand that the result will be included in my Occupational Health records, as part of health surveillance requirements under the COSHH (2002) Regulations:</p>												
<p>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 Glos Occupational Health Services Ltd. No personal information is shared with third parties and that information is kept in confidence in our records.</p>												
<p>I declare that the information given above, is true and accurate, to the best of my knowledge.</p>												
<p>Signed:.....</p>												
<p>Date:.....</p>												
<p>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.</p>												



FOR COMPLETION BY OHA:

Breathing problems noted: YES/NO

Skin Surveillance:

Spirometry result: Normal/Obstructed/Restricted

Comments & Advice:

FEV1	%	FVC	%	PEF	%	FEV1/FVC	
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Fit <input type="checkbox"/>	Fit with restrictions <input type="checkbox"/>	Refer <input type="checkbox"/>

Signed (Occupational Health Advisor):

Date: