**Initial Hand Arm Vibration Questionnaire for Workers using handheld vibrating tools, hand guided vibrating machines and handfed vibrating machines**

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| --- | --- | --- | --- | --- | --- |
| Surname: |  | Date of Birth: | |  | |
| First names: |  | Department: | |  | |
| Job title: |  | DSO / Supervisor: | | |  |
| Tel No: |  | email: |  | | |

**Data Protection Information**

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

|  |  |
| --- | --- |
| Have you ever used handheld vibrating tools, machines or hand-fed processes in your job? | Yes No |

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| If YES | |
| 1. List year of first exposure |  |
| 1. When was the last time you used them? |  |
| (detail work history overleaf) | |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating | | | | |  | |
| equipment? | | | Yes No | | | |
| 1. Do you have tingling of the fingers at any other time? | | | Yes No | | | |
| 1. Do you wake at night with pain, tingling, or numbness in your hand or wrist? | | | Yes No | | | |
| 1. Do one or more of your fingers go numb more than 20 minutes after using | | | | | |  |
| vibrating equipment? | | | Yes No | | | |
| 1. Have any of your fingers gone white\* on exposure to cold?   \*Whiteness means a clear discolouration of the fingers  with a sharp edge, usually followed by a red flush. | Yes No  havs2 | | | | | |
| 1. If Yes to 5. do you have difficulty rewarming them when leaving the cold? | | Yes No | | | | |
| 1. Do your fingers go white at any other time? | | Yes No | | | | |
| 1. Are you experiencing any other problems with the muscles or joints of the hands | | | | | |  |
| or arms? | | | Yes No | | | |
| 1. Do you have difficulty picking up very small objects? eg screws or buttons or opening | | | |  | | |
| tight jars | | | Yes No | | | |

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| 1. Have you ever had a neck, arm or hand injury or operation? | | | Yes No | |
| If so give details | |  | | |
|  |  | | | |
|  |  | | | |
| 1. Have you ever had any serious diseases of joints, skin, nerves, heart or | | | |  |
| blood vessels? | | | Yes No | |
| If so give details | |  | | |
|  |  | | | |
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| 1. Are you on any long term medication? | | | Yes No | |
| If so give details | |  | | |
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| Occupational History – Please give details about any jobs you may have had where you worked with vibrating hand held power tools; hand guided vibrating machines and handfed vibrating machines. | | |
| **Dates** | **Job Title** | **Equipment used** |
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| **I certify that all the answers given above are true to the best of my knowledge and belief.** |

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| --- | --- | --- | --- |
| Signed: |  | Date: |  |

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| **For OH use only** |

**Comments**

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| --- | --- |
| Fit to work with HAV tools | Yes No |
| For OHA appointment | Yes No |
| For OHP appointment | Yes No |
| Annual recall | Yes No |
| OPAS updated | Yes No |
| HAVS advisory leaflet given | Yes No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OHA / OHP signature: | |  | Date: |  |
| Print name / stamp: |  | |  |  |