UNIVERSITY OF CAMBRIDGE
Occupational Health and Safety Service

Occupational Health
CONFIDENTIAL
OHF25

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

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☐

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 exposure to cold? Yes☐ No☐

   *Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush.

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☐
9. Do you have difficulty picking up very small objects? eg 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 .....

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11. 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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12. 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**

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

Signed: ..... Date: .....

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: .....