

## **Review Health Screening 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: .....

### **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>

### **Section 1**

Have you been using handheld vibrating tools, machines or hand-fed processes in your job, or if this is a review, since your last assessment? Yes ☐ No ☐

(detail work history overleaf)

If NO or more than 2 years since last exposure please sign and return the form – there is no need to answer further questions.

### **Section 2**

If YES

1. Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment? Yes ☐ No ☐
2. Do you have numbness or 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. 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.



5. Have you noticed any change in your response to your tolerance of working outdoors in the cold? Yes ☐ No ☐
6. Are you experiencing any other problems in your hands or arms? Yes ☐ No ☐
7. Do you have difficulty picking up very small objects? e.g. screws or buttons or opening tight jars Yes ☐ No ☐
8. Has anything changed about your health since the last assessment? Yes ☐ No ☐

If so give details .....

**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: \_\_\_\_\_

**Return in confidence to:**

University of Cambridge  
Occupational Health  
16 Mill Lane  
Cambridge  
CB2 1SB

**For OH use only**

Fit to work with HAV tools	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For OHA appointment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For OHP appointment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annual recall	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HAVS 3yr assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPAS updated	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OHA / OHP  
signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name /  
stamp: \_\_\_\_\_