**Staff working with Respiratory/Skin Sensitisers – Initial Assessment**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | | |  | | | Mr / Mrs / Miss / Ms / Dr / Prof | | |
| First names: | | |  | | | Date of Birth | |  |
| National Insurance number: | | | |  | |  | |  |
| Status: | Research staff / Technical staff / Undergraduate / Postgraduate / Academic Visitor / Other | | | | | | | |
| Email: | |  | | | Mobile: | |  | |
| Job title: | |  | | | Supervisor: | |  | |
| Department: | |  | | | Internal tel: | |  | |

**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>

**1. Employment History**

|  |  |  |
| --- | --- | --- |
|  | At the University of Cambridge | In your career |
| How long have you worked with respiratory/skin sensitisers? – *e.g., chemicals, dust, fumes, other substances etc*. |  |  |
| Have you previously undergone health surveillance? |  |  |

**2. Work Information**

Which respiratory/skin sensitisers are you working with? – *please list below (refer to COSHH risk assessment)*

|  |  |
| --- | --- |
| Name of substance |  |
| Frequency of use |  |
| Duration on each occasion |  |
| Description of work |  |
| What control measures are in place – *e.g., fume cupboard, LEV etc*.? |  |
| What personal protective equipment (PPE) is worn? |  |

**3. Medical History**

Please answer all the following questions. If ‘yes’ please give dates and details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you ever been affected by:** | **Yes** | **No** | **Date and Details** |
| Asthma or recurrent bronchitis? |  |  |  |
| Allergic rhinitis or conjunctivitis? |  |  |  |
| Hayfever? |  |  |  |
| Eczema / dermatitis? |  |  |  |

**4.** **Do you have or have you ever experienced any of the following symptoms since working with respiratory sensitisers?** *Do not include isolated colds, sore throats, flu or chest infections.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If ‘yes’ please give dates and details.** | **Yes** | **No** | **Date and Details** | |
| Recurring blocked or running nose |  |  |  | |
| Watery, itchy eyes |  |  |  | |
| Bouts of coughing |  |  |  | |
| Wheezing / difficulty in breathing |  |  |  | |
| Chest tightness |  |  |  | |
| Do you use an inhaler to help you breath? |  |  |  | |
| Do you smoke? |  |  | If yes how many? |  |
| Are you an ex-smoker |  |  | If yes when did you stop? |  |

|  |  |  |
| --- | --- | --- |
| **5**. **Do you have or have you ever experienced any of the following skin symptoms since working with skin irritants/sensitisers?**  Redness, itching and/or burning (tingling) sensation  Rash or spots (Hives)  Blisters  Flaking or scaling of the skin  Cracks or splitting of the skin  Symptoms of dermatitis / eczema on your hands or forearms?  If you have any of these symptoms do they tend to subside in periods where you are not working | **Yes** | **No** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**6. If you no longer work with respiratory/skin sensitisers when did you stop and why?**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Reason: |  |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

**6. Declaration**

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

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

**For OHS use only**

**Health Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Age: |  | Height: |  |
| Dept: |  | Date/time: |  | | |

|  |  |
| --- | --- |
| **Occupational history:** | |
| **Allergy history:** | |
| **Respiratory history:** | |
| **Skin:** Dermatitis: (history / current) | General condition: |
| **Family allergy history:** | |
| **Social history:** (Relevant hobbies / exercise) | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Information discussed** | | **Leaflets given:** | |
| Risk factors |  | HSE ‘Breathe Freely’ |  |
| Exposure controls |  | Mask face fit testing (if applicable) |  |
| Signs and symptoms of allergy |  | Skin care leaflet (OHL08) |  |
| Reporting symptoms - respiratory / skin to manager and OH |  | HSE ‘It’s in Your Hands’ leaflet |  |
| Health surveillance |  | Gloves (chemicals-HSD168C) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome** | | | | | |
| Suitable to work with respiratory/skin sensitisers | Yes No | Discuss with SOHA, any positive symptoms / concerns | | Yes No | |
| Spirometry within normal parameters  Skin check satisfactory | Yes NoYes No | Discuss with OHP | | Yes No | |
| Routine 3 month recall | Yes No | OHP appt | | Yes No | |
| Routine 6 month recall | Yes No | OHP appt arranged | | Yes No | |
| Routine annual recall | Yes No | RAST test | | Yes No | |
| Refer for mask face fit test | Yes No | *Please specify which:…………………………………………….* | | | |
|  |  |  | |  | |
| Enhanced health surveillance: | 3 months | 6 months | 12 months | | |
|  | other *(Please specify)* | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| OHT/Clinic nurse / OHA signature: |  | Print name / stamp: |  |

Surname

First Name(s) Date of Birth Sex

Job title

Contact number(s)

Email

**OCCUPATIONAL HEALTH RECORD**

**CONTINUATION SHEET**

Supervisor

Contact details

GP

Date / time