UNIVERSITY OF CAMBRIDGE

OHF09

CONFIDENTIAL

Occupational Health

Staff working with Respiratory Sensitisers – Three / Six month Assessment

Surname: ..... Mr / Mrs / Miss / Ms / Dr / Prof

First names: ..... Date of Birth .....

Job Title ..... Department .....

1. Work Information

Which respiratory sensitisers are you working with? .....

How many hours per week (on average)? .....

What control measures are in place, *e.g. fume cupboard, LEV etc?* .....

.....

.....

.....

What PPE is worn? .....

.....

.....

2. Symptoms

Have you experienced any of the following symptoms since your initial health assessment?
Do not include isolated colds, sore throats, flu or chest infections.

Recurring blocked or running nose	Yes ☐ No ☐
Sneezing attacks	Yes ☐ No ☐
Watery, itchy eyes	Yes ☐ No ☐
Persisting or recurring cough	Yes ☐ No ☐
Chest tightness or shortness of breath	Yes ☐ No ☐
Episodes of wheezing	Yes ☐ No ☐
Skin rashes, dermatitis or eczema	Yes ☐ No ☐

3. Declaration

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

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

For OH use only

Name:		Age:		Height	
Dept:		Date/time			

Skin:

Dermatitis:	General condition:
Gloves used:	

Discussion notes:

Advice given:

Outcome:

Spirometry – within normal parameters			Yes ☐ No ☐
Suitable to continue working with respiratory sensitisers			Yes ☐ No ☐
Routine 6 month surveillance			Yes ☐ No ☐
Routine annual surveillance			Yes ☐ No ☐
Discuss with SOHA *(NB. Any +ve symptoms / concerns must be discussed with SOHA)*			Yes ☐ No ☐
Refer for face fit mask test			Yes ☐ No ☐
OHP file review			Yes ☐ No ☐
OHP assessment	Yes ☐ No ☐	OHP assessment arranged	Yes ☐ No ☐
Enhanced health surveillance *(Please specify)*			
☐ 3 months	☐ 6 months	☐ 12 months	
☐ other *(Please specify)*			

Clinic nurse / OHA signature:		Print name / stamp:	

OCCUPATIONAL HEALTH RECORD

CONTINUATION SHEET

Supervisor

Contact details

GP

Surname

First Name(s) Date of Birth Sex

Job title

Contact number(s)

Email

Date / time	