UNIVERSITY OF CAMBRIDGE

OHF24

CONFIDENTIAL

Occupational Health

Staff working with Respiratory Sensitisers – Annual Assessment

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

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

Status: Research staff / Technical staff / Undergraduate / Postgraduate / Academic Visitor / Other

Job title: ..... Supervisor: .....

Department: ..... Internal tel: .....

Mobile: ..... Email: .....

If you have not been exposed to respiratory sensitisers since your last health questionnaire, please go straight to question 5.

1. Employment History

	At the University of Cambridge	In your career
How long have you worked with respiratory sensitisers? – *e.g., chemicals, dust, fumes, etc*.		

2. Work Information

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

Name of substance	
Frequency of use	
Duration on each occasion	
What control measures are in place – *e.g., fume cupboard, LEV etc*.?	
What personal protective equipment 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. If you no longer work with respiratory sensitisers when did you stop and why?

Date: ..... Reason: .....

.....

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.....

6. Declaration

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

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

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Suitable to continue working with respiratory sensitisers			Yes ☐ No ☐
Annual recall			Yes ☐ No ☐
Remove from recall			Yes ☐ No ☐
OHA appt	Yes ☐ No ☐	OHA appt arranged	Yes ☐ No ☐
OHP appt	Yes ☐ No ☐	OHP appt arranged	Yes ☐ No ☐
Enhanced health surveillance *(Please specify)*			
☐ 3 months	☐ 6 months	☐ 12 months	☐ other _____

Clinic nurse / OHA signature_____ Date_____

Print Name / Stamp _____