Work with respiratory sensitisers - periodic health questionnaire

Employee Surname	First names
Business / Department	Date of birth
Job	Location
Respiratory Hazard	

Instructions

Questionnaire to be administered by occupational health staff as part of regular health surveillance procedure.

Frequency: Six weeks, twelve weeks and annually after commencement of work with respiratory sensitisers or as advised by occupational health physician.

It is not necessary to keep copies of negative questionnaires providing the following information is recorded in the occupational health medical record:

- 1. Result of questionnaire i.e. "negative" or "positive".
- 2. Any relevant comments.
- 3. The reference and version of questionnaire used.

Further advice will be required from the company occupational health physician if any YES box is ticked.

Questionnaire

	arting your present job have you had any of the following symptoms either at work or at home? nclude isolated colds, sore throats or 'flu)	Υ	N
Α	Recurring soreness or watering of eyes?		
В	Recurring blocked or running nose or sneezing?		
С	Bouts of coughing?		
D	Chest tightness?		
Е	Wheezing?		
F	Breathlessness?		
G	Any other persistent history of chest problems?		
Details of smoking habits and medication			

Notes

- 1. Employees should be instructed about the possible effects of sensitisation and should be warned that symptoms can occur outside working hours.
- 2. Employees who develop any symptoms indicative of respiratory sensitisation should be referred to the company occupational health physician.

Comments / Actions