

Commencement of Work with Respiratory Sensitisers - Initial Health Questionnaire

Part A – To be completed by responsible person

Employee Surname			First names		
Mr / Mrs / Ms / Other	M / F	D.o.B.	NI Number		
Address			Telephone		
Business / Department			Location		
Job			Start date		
Respiratory Hazard					

Part B – Information for subject

1. In this workplace substances are in use which have been known to cause allergic chest problems. Following the risk assessment under the Control of Substances Hazardous to Health Regulations management have decided that regular health checks are necessary.
2. Please complete the questionnaire in part C then sign the declaration in part D below. The information given will be used by Occupational Health to decide what medical examination will be necessary and how often you will require health checks in the future.

Part C – Health questionnaire **MEDICAL INFORMATION – CONFIDENTIAL**

		YES	NO
1	Do you have any chest problems, such as periods of breathlessness, wheeze, chest tightness or persistent coughing?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you believe that your chest has suffered as a result of any previous employment?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you or have you ever had any of the following? (Ignore isolated colds, sore throats or 'flu)		
	A Recurring soreness or watering of eyes?	<input type="checkbox"/>	<input type="checkbox"/>
	B Recurring blocked or running nose?	<input type="checkbox"/>	<input type="checkbox"/>
	C Bouts of coughing or sneezing?	<input type="checkbox"/>	<input type="checkbox"/>
	D Chest tightness?	<input type="checkbox"/>	<input type="checkbox"/>
	E Wheezing?	<input type="checkbox"/>	<input type="checkbox"/>
	F Breathlessness?	<input type="checkbox"/>	<input type="checkbox"/>
	G Any other persistent history of chest problems?	<input type="checkbox"/>	<input type="checkbox"/>

4	How much do you smoke?
5	List any medication you are taking (continue over the page)

Part D - Declaration

I understand that a programme of health surveillance (health checks) is necessary in this employment and will form part of my management record. I confirm that the information I have given on this form is true to the best of my knowledge

Signed _____

Date _____