Health Surveillance Enrolment Form

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| --- |
| *The personal information on this form (sections 3-4) are confidential to the Occupational Health Service.*  *The form should be completed by the manager/academic supervisor responsible for the worker (section 1-2) and the worker (sections 3-4). Completed forms should be sent either by internal mail to Occupational Health Service, 117a JJ Thomson Building, Whiteknights Campus or via email to* [*occupationalhealth@reading.ac.uk*](mailto:occupationalhealth@reading.ac.uk) |

## Section 1: Personal Details

|  |  |
| --- | --- |
| Full Name |  |
| Employee/student number |  |
| Employment status |  |
| Job Role |  |
| Line manager/academic supervisor - name |  |
| Line manager/academic supervisor – email address |  |
| School |  |
| Date of birth |  |
| Home address |  |
| Email Address at UOR |  |
| Personal Email Address |  |
| Day-time telephone number |  |
| Date started at the University |  |
| Previous jobs |  |
| Hobbies/Outside interests |  |

|  |
| --- |
| Declaration |
| *I certify that to the best of my belief the answers given in this form are true and complete. I understand that the medical information gained from this questionnaire and any subsequent investigation remain confidential but will be used by the Occupational Health Service to advise my employer on my fitness to work with these materials.* |

|  |  |
| --- | --- |
| Signed by the employee *(electronic signature will be accepted)* | **Date** |
|  |  |

## Section 2: Job hazard analysis

***Please tick the substances to which you are or have been exposed. Ask your Manager / Supervisor if you are unsure.***

|  |  |  |  |
| --- | --- | --- | --- |
| Genetically Modified Microorganisms – Class 2 |  | GM project number |  |
| Genetically Modified Microorganisms – Class 3 |  | GM project number |  |
| Hazardous Microorganisms |  | Project number |  |
| Human samples – blood/tissues |  | Details |  |
| Human samples – faeces |  | Details |  |
| Human samples – other |  | Details |  |
| Laboratory animals |  | Details |  |
| Wild/Farm animals |  | Details |  |
| Insects (colony maintenance/breeding or work with allergenic species) |  | Details |  |

***Do you work with the following substances:***

|  |  |  |  |
| --- | --- | --- | --- |
| Pesticides |  | Glutaraldehyde |  |
| Nano-technologies |  | Isocyantes |  |

***Do you frequently (weekly) work with the following substances:***

|  |  |  |  |
| --- | --- | --- | --- |
| Powders or dusts (e.g. wood, coffee bean, silica dust, flour dusts etc) or in very dust environments |  | Details |  |
| Chemicals with the hazard statements H334 |  | Reactive dyes |  |
| Solvents |  | Epoxy resins |  |
| Oils |  | “Wet work” |  |
| Degreasers |  |  |  |

***Other hazards***

|  |  |  |  |
| --- | --- | --- | --- |
| Do you currently (in the last year) work in an environment or equipment identified as a high noise risk (by risk assessment) |  | Details |  |
| Do you work with equipment which has been identified as a hand arm vibration hazard? |  | Details |  |
| Do you drive fork lift trucks/tractors as part of your work activity |  | Details |  |

## Section 3 Past medical history

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Details** |
| Have you had any serious illnesses, operations or injuries? |  |  |  |
| Do you have any concerns or medical conditions that you think may be related to work? |  |  |  |
| Do you smoke? |  |  | If yes how many (per day?) |
| Do you take any regular medication? |  |  |  |
| Any relevant conditions? Other information? |  |  |  |
| Are you allergic to any of the following: | Yes | No | Details |
| Any medication |  |  |  |
| Household dust |  |  |  |
| Tree or grass pollen |  |  |  |
| Any household products |  |  |  |
| Any substance that you are exposed to at work |  |  |  |
| Foodstuffs |  |  |  |
| Animal fur or feathers |  |  |  |
| Other |  |  |  |

## Section 4 Current symptoms/conditions

### Respiratory

***Do you have any of these symptoms before, during or after work or have you suffered with any of these symptoms in the past year?***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Breathlessness |  |  |  |
| Asthma, bronchitis or cough |  |  |  |
| Early morning cough, phlegm production |  |  |  |
| Wheezing, shortness of breath or chest tightness |  |  |  |
| Irritation or soreness of the throat |  |  |  |
| Red, sore, watery or itchy eyes |  |  |  |
| Stuffy nose, nasal catarrh or bouts of sneezing? |  |  |  |

***Do the symptoms improve at weekends or when you are away from work?***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Breathlessness |  |  |  |
| Asthma, bronchitis or cough |  |  |  |
| Early morning cough, phlegm production |  |  |  |
| Wheezing, shortness of breath or chest tightness |  |  |  |
| Irritation or soreness of the throat |  |  |  |
| Red, sore, watery or itchy eyes |  |  |  |
| Stuffy nose, nasal catarrh or bouts of sneezing? |  |  |  |

### Skin

***Do you have any of these symptoms before, during or after work or have you suffered with any of these symptoms in the past year?***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Acne |  |  |  |
| Eczema |  |  |  |
| Psoriasis |  |  |  |
| Warts |  |  |  |
| Any other skin condition |  |  |  |

***Do the symptoms improve at weekends or when you are away from work?***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Acne |  |  |  |
| Eczema |  |  |  |
| Psoriasis |  |  |  |
| Warts |  |  |  |
| Any other skin condition |  |  |  |

***Does anyone in your immediate family have any skin conditions?***

|  |
| --- |
| ***If so please comment:*** |