



**Periodic Health Surveillance for people potentially exposed to substances that can cause allergic occupational skin or chest disease (sensitising agents)<sup>1</sup>**  
(to enter details, please use the tab key to access the form field)

<b>Name:</b>	<b>DOB:</b>
<b>Department:</b>	<b>Job Title:</b>
<b>Work Tel:</b>	<b>Email:</b>

**Since your last screening:**

<b>1. What type of work have you undertaken with laboratory sensitising agents?</b>	
a.	<input type="checkbox"/> None; I no longer carry out this type of work <sup>2</sup>
b.	<input type="checkbox"/> I do not work directly with sensitising agents, but enter rooms or areas where these may be present
c.	<input type="checkbox"/> I work with laboratory animals and/or use latex gloves
d.	<input type="checkbox"/> Other Give details

<b>2. What sensitisers have you been exposed to at work?<sup>3</sup></b>	<b>For how many hours per day?</b>	<b>For how many days per year?</b>	<b>What year did you first start work with this type of sensitisers?</b>
<input type="checkbox"/> Latex			
<input type="checkbox"/> Rat			
<input type="checkbox"/> Mouse			
<input type="checkbox"/> Hamster			
<input type="checkbox"/> Flies			
<input type="checkbox"/> Possibly any type (eg maintenance workers)			
<input type="checkbox"/> Other			

<b>3. Protective Equipment</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>	<b>N/A</b>
Do you wear protective clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the latex gloves powder free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear a mask or other respiratory equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the animals housed in IVC <sup>4</sup> s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a fume cupboard, microbiological safety cabinet or local exhaust ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Please use the tab button to move through the form fields and enter details

<sup>2</sup> Go directly to section 5

<sup>3</sup> Please add any categories not stated in the spaces provided

<sup>4</sup> Individually Ventilated Cages



<b>4. Since your last screening have you experienced any of the following whilst at work or on a workday evening?</b>	<b>Yes</b>	<b>No</b>
Recurring blocked or runny nose or sneezing	<input type="checkbox"/>	<input type="checkbox"/>
Chest tightness, wheezing or asthma	<input type="checkbox"/>	<input type="checkbox"/>
Itching, redness or swelling of the skin, eczema or dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurring itchy, sore or watering eyes	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please give details, including dates:		

<b>5. Do you have a history of:</b>	<b>Yes</b>	<b>No</b>	<b>Details</b>
Asthma or any other chest condition	<input type="checkbox"/>	<input type="checkbox"/>	
Eczema or dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	
Any allergies	<input type="checkbox"/>	<input type="checkbox"/>	
An anaphylactic reaction	<input type="checkbox"/>	<input type="checkbox"/>	

<b>6. Do you take regular medication</b>	<input type="checkbox"/>	<input type="checkbox"/>	
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<b>7. Have you ever been diagnosed with or had to give up or stop work due to allergy or sensitisation</b>	<input type="checkbox"/>	<input type="checkbox"/>	
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<b>8. Do you smoke</b>	<input type="checkbox"/>	<input type="checkbox"/>	
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<b>9. Do you have regular contact with household pets</b>	<input type="checkbox"/>	<input type="checkbox"/>	
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<b>10. Do you have any hobbies that may cause exposure to dust, fumes or solvents</b>	<input type="checkbox"/>	<input type="checkbox"/>	
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The information on this questionnaire is used by the OH Service to assess risk of occupational ill health related to work with laboratory allergens and will not be used for any other purposes. I understand that following my appointment for baseline screening, my employer will be notified of the outcome but that specific medical details will remain confidential in my Occupational Health Record. If you require information on accessing your OH records please ask your nurse.

**Signature:**

**Date:**

**For Office Use Only**

<b>Outcome</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Requires lung function test <input type="checkbox"/> Refer to Occupational Physician <input type="checkbox"/> Action required (adjustments advised) <input type="checkbox"/> Symptom Advice Given <input type="checkbox"/> Symptom Assessment Required	<b>Level:</b> <input type="checkbox"/> Low <input type="checkbox"/> High	<b>Recall due</b> <input type="checkbox"/> 6 weeks <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
	Signature of OHA: _____ Date: _____	