

The University of Liverpool Occupational Health Service Health Questionnaire for Respiratory Sensitisers

Name:

Date of Birth:

Department:

National Insurance Number:

Your departmental safety co-ordinator has informed us that you are working with or near animals. We have a legal obligation to ask you to complete this questionnaire. If you have developed any symptoms which may be due to animal exposure, the occupational health nurse may ask you to do some tests. The information provided by you will be used as the basis for a recommendation with regard to fitness for work. Medical details will only be given to managers in so far as it is necessary for them to discharge their management responsibilities, in accordance with the Data Protection Act. **Failure to return the questionnaire may result in a recommendation that working near animals should cease. Please return this questionnaire within two weeks of receipt.**

Please complete this questionnaire electronically or in black ink.

- | | | |
|--|------------|----------------|
| 1. Are you working with, or in the same area as animals? | Yes
[] | No
[] |
| 2. When did you start working with or near animals and what type of animal? | | |
| 3. How many hours per week are you exposed to animal contact? | | |
| a) Animal handling (feeding and cleaning) | | hours per week |
| b) Working in the same room as animals | | hours per week |
| c) Working in the same building/area as animals | | hours per week |
| 4. Have you suffered from any of these symptoms within the last 12 months? | Yes
[] | No
[] |
| a) Tightness of chest/wheezing/difficulty of breathing | [] | [] |
| b) Eczema or allergic skin rashes | [] | [] |
| c) Repeated attacks of sneezing, running or blocked nose | [] | [] |
| d) Watery or itchy eyes | [] | [] |
| 5. Did any of the above symptoms improve when away from work or on holiday? | [] | [] |
| 6. Has a doctor told you that you have any of the following? | | |
| a) Hay fever | [] | [] |
| b) Asthma | [] | [] |
| c) Other Allergic Disease | [] | [] |
| 7. Have you taken any medication in the last year?
If so please provide details | [] | [] |

Any other comments:

I have answered all questions to the best of my knowledge. I understand that I have a duty to comply with all codes of practice relating to health and safety, and to report any signs of possible allergic problems to the Occupational Health Service as soon as possible.

Signed:
(Or type name)

Date:

Please complete this questionnaire and return it to ohadmin@liv.ac.uk in PDF format or by surface mail to:
The Occupational Health Service, 28 Oxford Street, Liverpool L69 7ZN.