

Control of Lead at Work Regulations (Northern Ireland) 2003

## Initial medical assessment

Medical in Confidence

### Personal Details

Name

Date of birth  
(dd/mm/yy)

NI number

Permanent address *including postcode*

Sex (M/F)

### Employer's Details

Employer's name

Employer's address  
*including postcode*

Years exposed to lead before starting in current employment

Date of first exposure to lead in current employment (eg 01/01/16)

Date of end of exposure to lead in current employment (eg 01/01/16)

### GP Details

GP name

GP phone number

GP address

*including postcode*

### History

**Occupational** (including specifications of previous employment involving lead exposure)

**Medical** (including smoking history)

**Clinical examination** (including personal hygiene, nail biting, etc)

Consent given to disclosure of biological results to employer

Yes

☐

No

☐

<b>Laboratory test results</b>		
Name of laboratory	<input style="width: 95%;" type="text"/>	
Included in HSE list	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Test	Result	Units
Blood Lead		
Haemoglobin		
Urinary Lead		
Other		
<p>Blood lead range code (A, B, C, D, E – see footnote below) <input style="width: 80px;" type="text"/></p> <p>Assessment of fitness      Fit <input type="checkbox"/>      Unfit <input type="checkbox"/></p> <p>Restrictions (if any) <span style="border: 1px solid black; display: inline-block; width: 600px; height: 50px; vertical-align: top; padding: 5px;">.</span></p>		
<p>Employer informed of result      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Employee informed of result      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Date of review (eg 01/01/16) <input style="width: 100px;" type="text"/></p> <p>Name of Examining Medical Advisor/Appointed Doctor <span style="border: 1px solid black; display: inline-block; width: 250px; height: 20px; vertical-align: middle;"></span></p> <p>Signed <span style="border: 1px solid black; display: inline-block; width: 250px; height: 20px; vertical-align: middle;"></span>      Date (dd/mm/yy) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></p>		

**Footnote:** Blood-lead (µg/dl) range codes:

- A under 30
- B ≥30 <40
- C ≥40 <50
- D ≥50 <60
- E 60 and over