

**Surveillance record for person exposed to lead**

**Medical in Confidence**

Name and address of employer (including postcode)

Name

D.O.B.  
(dd/mm/yy)

Consent given to disclosure of biological test results to employer Yes  No

<b>Name of Laboratory</b>	<b>Is the laboratory included in HSE list?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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Assessment Date (dd/mm/yy)	Work activity and reason for surveillance	Sample taken (Blood/ Urine) *please specify	Lab analyses Blood Lead (µg /dl)	Lab analyses Haemoglobin	Lab analyses Urinary Lead (units to be specified)	Lab analyses ZPP	Other analyses (units and types to be specified)	Clinical notes and assessment including review of medical history, details of certification of unfitness /fitness for work involving exposure to lead or other action	Other action	Date for next review (dd/mm/yy)	Blood-Lead range code (see footnote below)

(continued overleaf)

Assessment Date (dd/mm/yy)	Work activity and reason for surveillance	Sample taken (Blood/Urine) *please specify	Lab analyses Blood Lead ( $\mu$ g/dl)	Lab analyses Haemoglobin	Lab analyses Urinary Lead (units to be specified)	Lab analyses ZPP	Other analyses (units and types to be specified)	Clinical notes and assessment including review of medical history, details of certification of unfitness/fitness for work involving exposure to lead or other action	Date for next review (dd/mm/yy)	Blood-Lead range code (see footnote below)

**Footnote:** Blood-lead ( $\mu$ g/dl) range codes:  
A under 30  
B  $\geq 30 < 40$   
C  $\geq 40 < 50$   
D  $\geq 50 < 60$   
E 60 and over