Initial questionnaire for surveillance of people potentially exposed to substances that cause occupational asthma

To	o be completed by the responsible person	
<u>C</u>	ompany name	
<u>A</u>	ddress	
_		
pr Ha pr	this workplace substances are in use that have been known to cause allergic or this roblems. Following the risk assessment under regulation 6 of the Control of Substantial azardous to Health (COSHH) Regulations 2002, management have decided to carry or togramme of pre-exposure and periodic health surveillance as required by regulation are COSHH Regulations.	ances out a
In	some cases further advice may be required from the company occupational health advi	iser.
	understand that a programme of health surveillance is necessary in this employment an orm part of my management health record.	nd will
<u>Si</u>	ignature of employee Date .	
<u>Si</u>	ignature of responsible person Date .	
Re	eferred for further investigation ?	
W	ould you please answer the following questions:	
1	Surname Forenames_	
	Date of birth	
	Home address	
	Tel number	
2	Have you any chest problems, such as periods of breathlessness, wheeze, or	rhest
_	tightness or persistent coughing? Yes ☐ No ☐	

3	evious employment?					
				Yes□ No□		
4	Do you or have you ever had any of the following? (Do not include isolated colds,					
	sore	throats or flu.)				
	(a) (b) (c) (d) (e) (f) (g)	Recurring soreness of or watering of eyes Recurring blocked or running nose Bouts of coughing Chest tightness Wheezing Breathlessness Any other persistent or history of chest pr		Yes		
To be	comple	ted by the responsible person				
	(a) (b)	No further action required Refer to company occupational health ad	viser			
Signed (responsible person) Date				<u>.</u>		
		the responses given by me are correct and estionnaire.	I that I have re	eceived a copy of the		
Signe	d		Date	<u>.</u>		

Please note: It will be for a health professional to assess the relevance of any respiratory symptoms and to obtain a detailed smoking history as necessary.