

The Control of Asbestos Regulations (Northern Ireland) 2012

**Health surveillance record form – Licensed work**

Medical in Confidence

**Personal Details**

Name

Address (including postcode)

NI number

Date of birth

Employer's name

Employer's address (including postcode)

**Work activity**

Form MS75 completed 'Yes'  Respiratory symptom questionnaire (MSLW1) completed 'Yes'

**Occupational history** (particulars ref: Asbestos, Dust, Fibre)

**Medical history**

Smoking

Respiratory conditions

Other

**Clinical examination** (including Spirometry)

		Actual	Pred
Finger Clubbing			
Chest	FEV <sub>1</sub>		
Expansion	FVC		
Other	FEV <sub>1</sub> FVC		

Summary    Normal     Obstructive     Restrictive     Combined

(Continued overleaf)

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**Chest X-ray** (should be justified on individual clinical grounds – full size PA if taken)

**Advice given to employee**  (tick box) Likely fit to work in enclosures? Yes  No   
(including effect of smoking)

Certificate of Examination passed to employer  (tick box) Certificate of Examination passed to subject\*  (tick box)

Date of next review (normally 2 years)   
(eg 01/01/16)

Date completed   
(eg 01/01/16)

Name AD

Signed

**\*Note:** The MS72A certificate of examination should not contain a fitness statement. If fitness for work with asbestos or work in enclosures is in doubt, an additional fitness for work medical may need to be agreed with the employer.