Control of Lead at Work Regulations (Northern Ireland) 2003

Notification to employer of biological test results and record of medical surveillance

To:	From: (name and address of Appointed Doctor *including postcode*)

Date of assessment test eg 01/01/16	Name	D.O.B eg 01/01/16	Work Activity	Clinical assessment (Yes or No)	Consent given to disclosure of results to employer (Yes or No)	Biological tests		Date of next assessment eg 01/01/16
						Type	Result (actual where employee consents; otherwise blood-lead range - see footnote overleaf)	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	

Continued overleaf

Date of assessment test eg 01/01/16	Name	D.O.B eg 01/01/16	Work Activity	Clinical assessment (Yes or No)	Consent given to disclosure of results to employer (Yes or No)	Biological tests		Date of next assessment eg 01/01/16
						Type	Result (actual where employee consents; otherwise blood-lead range - see footnote overleaf)	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	
				Please select	Please sele		Please select	

Signature of Appointed Doctor	Date (eg 01/01/16)

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

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