



RIPON SELECT FOODS LTD

Health Record and Health Surveillance

SECTION 1.

This questionnaire has been instigated mainly as a requirement under the Control of Substances Hazardous to Health 1994 (COSHH). However, it also serves as an employee's basic health record.

In this workplace substances are in use which have been known to cause allergic chest problems. Following the risk assessment under the Control of Substances hazardous to Health 1994 (COSHH) Regulation 6, management have decided to carry out a programme of pre-exposure and periodic health surveillance COSHH 1994 Reg. 11 (2b).

In some cases further advice may be required from the company occupational health adviser.

I understand that a programme of health surveillance is necessary in this employment and will form part of management health records.

		DATE
Have you previously had a Ripon Select Foods Limited company medical examination?	YES / NO	-----
Signature & date of employee:		-----
Signature & date of responsible person (RSF):		-----
Referred for further investigation:	YES / NO	

As employees of Ripon Select Foods are aware, occupational health checks are carried out at regular intervals to monitor for signs of possible health problems related to individuals' occupations.

To ensure that we can effectively continue to monitor employees health over a number of years, we require your permission to hold your health check records, or copies of them, to allow us to examine the results. All records will be kept in strictest confidence. To that effect, could you please complete and sign the form below (failure to complete this section will imply acceptance):

I (print name) hereby give permission for Ripon Select Foods to assume responsibility for the records obtained during occupational health screening. I understand they will be kept under strict control and in confidence.

Signed: _____ Dated: _____

SECTION 2.

Please answer the following questions:

Surname: _____ Forenames: _____
Date of birth: _____ Age: _____
Home address: _____

POST CODE: _____
Tel number: _____ Mobile: _____

Work History (Since leaving school, including military service)

Please give details of your complete work history

Date	Place of Work	Company Details (name etc)	Work details
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Details

In which section do you work? _____
What is your present job? _____

For how long have you done this? _____

SECTION 3

Are you suffering from or have recurring:	<u>CURRENTLY</u>	<u>RECURRING</u>
i) Boils, styes or septic fingers?	YES NO	YES NO
ii) Discharge from eye, ear, or gums/mouth?	YES NO	YES NO
iii) Skin trouble affecting hands/arms/face?	YES NO	YES NO
If 'yes' do you get any of the following skin conditions?		
♦ Irritation or itching		YES NO
♦ Rashes		YES NO
♦ Sore, cracking or weeping		YES NO
Have you any chest problems, such as periods of breathlessness, wheezing, chest tightness or persistent coughing?		YES NO
Do you believe that your chest has suffered as a result of previous employment?		YES NO
Do you or have you ever had any of the following: (Do not include isolated colds, sore throats or flu)		
♦ Recurring blocked or running nose		YES NO
♦ Bouts of coughing		YES NO
♦ Cough during the day		YES NO
♦ Cough during the night		YES NO
♦ Chest tightness		YES NO
♦ Wheezing		YES NO
♦ Breathlessness		YES NO
♦ Any other persistent or history of chest problems		YES NO
If 'yes' to any of these questions, what do you think could have caused it?		

If 'yes' to any questions in this section, what year and month did it start?		

Give other details		

What do you think could have caused it?		

Does it ever get better?		YES NO
If 'yes' when does it get better?		

Have you consulted your doctor about skin problems (current employees: only since the last questionnaire)?		YES NO

Have you ever suffered from the following?

PLEASE CIRCLE YES OR NO

- | | | |
|---|-----|----|
| i) A recurring bowel disorder? | YES | NO |
| ii) Typhoid | YES | NO |
| iii) Salmonella | YES | NO |
| iv) Paratyphoid | YES | NO |
| v) Dysentery | YES | NO |
| vi) In the last 21 days have you knowingly been in contact with anyone at home or abroad suffering from typhoid or paratyphoid? If yes, give details: | YES | NO |

Have you suffered from any industrial injury or industrial disease in the past? If yes give details. YES NO

SMOKING:

- | | | |
|---|-----|----|
| i) Have you smoked within the last two years? | YES | NO |
| If 'yes' how many cigarettes, cigars or tobacco in a day? | | |
| ii) Have you smoked in the past? | YES | NO |
| Details of quantities (i.e. cigarettes/cigars or tobacco per day) | | |

ALCOHOL:

Do you drink alcoholic drinks? YES NO

Do you consider yourself to be a light, medium or heavy drinker?

Please circle below and write approximate amount of alcohol consumed each week, eg spirits, wine, pints of beer.

LIGHT

MEDIUM

HEAVY

Comments

PHYSICAL ABILITIES:

Do you suffer from any physical problem which affects you carrying out your work? YES NO

Do you suffer from any pain in your joints, back or limbs or any numbness in any extremities (hands, toes etc.)? YES NO

Do you believe that your eyesight is satisfactory (with glasses if necessary)? YES NO

Do you wear glasses? YES NO

GENERAL HEALTH

Have you any other health details which may affect you carrying out your work or any health problems that could be affected by your place of work? YES NO

Comments _____

If requested, an appointment with the Company Doctor can be arranged to discuss these matters.

Do you wish to be seen by the Company Doctor? YES NO

I confirm that the responses given by me are correct and I understand that a copy of the completed questionnaire is available on request.

Signed _____ Date _____

Thank you for answering these health surveillance questions. Employees' records will be kept for a considerable period of time and its image is likely to be stored on a computer file. Unsuccessful job applicants' records will be destroyed.