



## RIPON SELECT FOODS LTD

### A Health Record and Health Surveillance.

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.

Have you previously had a Ripon Select Foods Limited  
Company medical examination? YES/NO Date .....

Signature of employee..... Date .....

Signature of responsible person (RSF)..... Date .....

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 .....

Please answer the following questions:

1. Surname..... Forenames.....

Date of birth..... Age.....

Home address.....

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Tel number .....

2. Work History (Since leaving school including military service)

Please give details of your complete work history.

Dates	Place of Work	Work details	Company Details (name etc)
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3. Work Details

In which section do you work? .....

What is your present job? .....

For how long have you done this? .....

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4. Health Information

Please circle 'YES' or 'NO'

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

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.....

Smoking

Have you smoked within the last two years? YES NO

If 'yes' how many cigarettes, cigars or tobacco in a day? .....

Have you smoked in the past? YES NO

Details of quantities (i.e. cigarettes/cigars or tobacco per day) .....

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Respiratory system

Have you any chest problems, such as periods of breathlessness, wheeze, 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)

a) Recurring soreness of or watering of eyes YES NO

b) Recurring blocked or running nose YES NO

c) Bouts of coughing YES NO

d) Cough during the day YES NO

e) Cough during the night YES NO

f) Chest tightness YES NO

g) Wheezing YES NO

h) Breathlessness YES NO

i) Any other persistent or history of chest problems YES NO

If 'yes' to any of these details .....

.....  
What do you think could have caused it? .....

.....  
Have you consulted your doctor about chest problems (since the last questionnaire)? YES NO

Skin

Do you get any of the following skin conditions?

- I. Irritation or itching YES NO
- II. Rashes YES NO
- III. Sore, cracking or weeping YES NO

If 'yes' to any of these 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 (since the last questionnaire)? YES NO

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.