

RESPIRATORY SURVEILLANCE QUESTIONNAIRE

Full Name:		Date of Birth:	
Male / Female:		Age:	
Place of Work:		Occupation:	
Names of potential respiratory sensitiser(s);			

Please **CIRCLE** the answer that applies to you

1a	Do you wear respiratory protective equipment (RPE)?	Yes	No
	If yes , please list the type of RPE you wear:		
	1		
	2		
	3		
1b	Do you have any concerns about the RPE that you wear?	Yes	No
	If yes , please give details:		
1c	Has your RPE been fit tested for you?	Yes	No

2	Have you had any problems with your health since starting in your current role?	Yes	No
	If yes please give details:		

3	Are you currently taking any medications	Yes	No
	If yes , please list them:		
	1		
	2		
	3		

4a	Have you had, or do you have, any of the following symptoms?			
	1	Cough	Yes	No
	2	Phlegm	Yes	No
	3	Breathlessness	Yes	No
	4	Wheeziness	Yes	No
	5	Chest tightness	Yes	No
	6	Watering eyes	Yes	No
	7	Running / Blocked nose	Yes	No
	8	Prolonged / repeated sneezing	Yes	No
	9	Skin irritation / Skin disease	Yes	No
	If you have answered yes to any question please give details:			
4b	Do any of your symptoms get worse at night?		Yes	No
	If yes , which ones?			
4c	Do any of your symptoms get better when you are away from work e.g. at weekend or on holiday?		Yes	No
	Please give details			

5a	Do you smoke?	Now	Yes	No
		Ever	Yes	No
5b	What do you smoke?			
5c	How many/much do you smoke per day?			
5d	How long have you smoked for?			

6	Do you have any hobbies?	Yes	No
	If yes , please give details		

7	Do you currently, or have you ever, worked with animals?	Yes	No
	If yes , please give details		

8	Do you currently, or have you ever, worked with hazardous chemicals or substances?	Yes	No
	If yes , please give details		

9	Do you have any pets or any contact with animals outside work?	Yes	No
	If yes please give details:		

Thank you for answering these questions.

This data is entirely confidential to the Occupational Health Unit and will not be revealed to anyone else, either inside or outside the University, unless with your consent. However, generalised advice on your fitness to work, if appropriate, may be given to your manager.

I hereby declare that the above medical information is true and accurate to the best of my knowledge. I will notify Occupational Health if there is any change to my health.

Employee signature:	
Date:	

THE FOLLOWING DETAILS ARE FOR THE OCCUPATIONAL HEALTH ADVISOR TO COMPLETE

Examination								
Height		cms	Weight		kgs	Age		yrs
Clinical Notes:								
Spirometry Results								
FEV1			Results entered on OPAS	Yes	No			
FVC			Breathe Freely leaflet issued	Yes	No			
Overall Result:			Copy of results issued	Yes	No			
Outcome: Please circle below								
Fit for specified work			Fit with restrictions			Referred for medical opinion		
OH signature:			OHL5 Issued – Employee notification	Yes	No			
			OHL4 Issued – Fit Slip	Yes	No			
Date:			Recall date on OPAS:					