

# SKIN SURVEILLANCE QUESTIONNAIRE

The purpose of the questionnaire is to assess whether you have any health problems that may affect your ability to undertake the duties of your role or place you at any risk in the workplace. OHS will make recommendations to the University regarding adjustments or modifications required to your role as a result of this assessment. Our aim is to promote and maintain the health of all people at work.

<b>Full Name:</b>		<b>Date of Birth:</b>	
<b>Place of Work:</b>		<b>Occupation:</b>	
<b>Male / Female:</b>		<b>Dominant Hand:</b>	

Description of work done:

How frequently do you come into contact with hazardous substances e.g. animals, chemicals etc? **(Please circle answer)**

CONSTANTLY / OFTEN / SOMETIMES / RARELY / NEVER

What hazardous substances e.g. animals/chemicals do you come into contact with / use?

Do you use personal protective equipment at work? **(Please circle answer)** If you answer yes please use the back of this sheet of paper to list the PPE/RPE use. Please also list the type of gloves that you use.

YES / NO / SOMETIMES

Any previous skin problems? YES/NO

If YES, give details:

Are you aware of anything that currently upsets your skin? YES/NO

If YES, give details:

Do you have/had any allergies? YES/NO

If YES, give details:

Do you regularly use a moisturiser on your hands? **(Please circle answer)**

YES / NO

Which one(s) -

MORE THAN 5 TIMES PER DAY / 2 – 3 TIMES PER DAY / ONCE A DAY / RARELY / NEVER

Other activities e.g. hobbies?

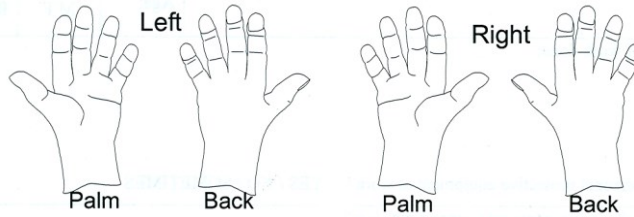
Do you regularly do the washing up at home?

YES / NO

If YES, do you wear gloves? YES / NO what type?

**The rest of the form is for Occupational Health Unit use only.**

**Visual Assessment of Hands:**



Score		Details
0		Skin looks normal
1	1 of	Dry, redness, cracking, blisters, open sores, bleeding, infection
2	2 of	
3	3 of	
4	4 of	
5	5 of	

Skin area	Score	Details

Other parts of the body	
	<p>The diagram shows two human figures, one facing forward and one facing backward, with their arms slightly away from their bodies. This is used to indicate the areas of the body that should be assessed for skin conditions.</p>

**Comments:**

**Assessment:** *(please circle outcome)*

**FIT for specified work**
                         
  **FIT with restrictions**
                         
  **REFERRED for medical opinion**

**OH signature:** .....
 **Date:** .....

**Recall Date:**.....

All employees have the right to access their Occupational Health records. Should you wish to do so, please speak to a member of the Occupational Health team for more details.

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

Employee signature: ..... Date: .....