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**tier 1 – PRE-EXPOSURE BASELINE   
health questions for people who intend to use   
hand held vibrating tools and / or machines that vibrate**

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| --- | --- | --- | --- | --- |
| **Name** | **D.O.B.** | **Job Title** | **Signature** | **Date** |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
|  | **Question** | **NO** | **YES** | **If YES, detail  (continue overleaf if needed)** |
| 1 | Have you ever used hand held vibrating tools and/or machines in your previous work? |  |  |  |
| 2 | Do you get tingling of the fingers lasting more than 20 minutes after using vibrating equipment? |  |  |  |
| 3 | Do you have tingling of fingers at any other time? |  |  |  |
| 4 | Do you wake at night with pain, tingling or numbness in your hand or wrist? |  |  |  |
| 5 | Do one or more of your fingers go numb for more than 20 minutes after using vibrating equipment? |  |  |  |
| 6 | If yes to question 5, do you have difficulty re-warming them when they become cold? |  |  |  |
| 7 | Do your fingers go white at any other time? |  |  |  |
| 8 | Are you experiencing any other problems with the muscles or joints of the hands or arms? |  |  |  |
| 9 | Do you have any difficulty picking up very small objects, e.g. screws or coins? |  |  |  |
| 10 | Have you ever had a neck, arm or hand injury or operation? |  |  |  |
| 11 | Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels? |  |  |  |
| 12 | Are you taking any long term medication? |  |  |  |

*Please return this Form in confidence to:*

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