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**TIER 2 - HAVS (HAND ARM VIBRATION SYNDROME) HEALTH SURVEILLANCE ASSESSMENT**

Job Title: National Insurance No.: DOB:

Surname: Forenames: Date of Previous Screening:

**This assessment is to be completed by all people who currently use hand held vibrating tools (including hand guided vibrating machines) or those people that have used them in the past two years.** TheOccupational HealthPractitioner (OHP)will use this information in order to provide guidance to both you and Bangor University on your fitness to work with vibrating tools. This might involve the need for you to attend for a more detailed medical assessment.

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| --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **Details and Dates** |
| 1 | Do you use hand held vibrating tools at work? |  |  | Year of 1st Exposure: |
| 2 | If this is a review assessment, have you used hand held vibrating tools at work since your last assessment? |  |  |  |
| 3 | Do you have numbness/tingling of fingers lasting more than 20 minutes after using vibrating equipment? |  |  |  |
| 4 | Do you have numbness or tingling of the fingers at any other time? |  |  |  |
| 5 | Do you wake at night with pain, tingling or numbness in your hand or wrist? |  |  |  |
| 6 | Have you suffered with all or part of your fingers going white on exposure to cold? (whiteness is a clear discolouration of all or part of a finger, with a sharp edge, usually followed by a red flush) |  |  |  |
| 7 | If you have noticed any of the symptoms mentioned in questions 3-6, are they making it more difficult to work outside in the cold than at your last assessment? |  |  |  |
| 8 | Are you experiencing any other problems with your hands or arms? |  |  |  |
| 9 | Have you ever had difficulty picking up very small objects such as screws or buttons, or opening tight jars? |  |  |  |
| 10 | Have you noticed any other symptoms since your last assessment, which you feel may be related to working with vibrating tools? |  |  |  |
| **OUTCOME: Referred for further assessment** | |  |  |  |
| Follow-up Surveillance planned / timescale? (i.e. Tier 2 - 12 months, Tier 3 - 12 months, referred for further assessment) | | | |  |

Name/Role (OHP): Signature: Date: