logo

**Occupational Health Service**

**Health Surveillance/Health Monitoring Registration Form**

This form must be completed by the ACMI/ Safety or Lab Manager/ Line Manager for all staff or PhD, Post-docs and PGR students requiring health surveillance as part of their work or course. (Any undergraduate students requiring health surveillance should be referred to the Student Health Centre).

**An appointment for health surveillance will only be given on receipt of this completed form.**

Details of individual being referred for health surveillance assessment:

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | Forename: | | Date of Birth: |
| Job title or student status: | College/Professional Service: | | |
| Location (Site, Building and Room Number): | | |
| Date commenced present role: | | N.I. Number: | |
| E-Mail: | | Telephone/ Mobile | |
| Line manager/Supervisor Name: | | Line manager/Supervisor Contact Tel: | |

|  |  |  |
| --- | --- | --- |
| **Type of hazard requiring surveillance** | **Yes** | **No** |
| Noise (regular exposure above upper action level or individual at increased risk from noise) |  |  |
| Lead fumes or dust |  |  |
| Vibration (regular exposure above upper action level or individual at increased risk from HAVS or WBV) |  |  |
| Asbestos |  |  |
| Human blood/bodily fluids, other unfixed human tissue or biological agents (bacteria, viruses, etc.) |  |  |
| Carcinogens or mutagens |  |  |
| Respiratory or skin sensitisers – please specify:  Laboratory animals/invertebrates (please list):  Sensitising chemicals (please list): |  |  |
|  |  |
|  |  |
| Ionising Radiation (classified/over-exposed workers) |  |  |
| Silica |  |  |
| Nanomaterials |  |  |
| Latex |  |  |
| Exposure to sunlight (working outside) |  |  |
| Wet work/Frequent hand washing/Glove wearing |  |  |
| Drivers (designated drivers where part or whole of job role involves driving) |  |  |
| Sea-going work |  |  |
| Diving |  |  |
| Night Workers |  |  |
| Confined Space work |  |  |
| Travel health requirements (e.g. immunisations) |  |  |
| Other (please provide details): |  |  |

ACMI/ Safety or Lab Manager/Line Manager

Signature: Print name: Date:

Contact number: Email:

After completing, please send this form as an email attachment to the Occupational Health Service at: [healthsurveillance@exeter.ac.uk](mailto:healthsurveillance@exeter.ac.uk)