**ANNUAL QUESTIONAIRRE ON HAV’s**

**MEDICAL IN CONFIDENCE**

**RETURN IN CONFIDENCE TO: XXXXXXXX**

(Responsible person, not necessarily medically trained)

Use the findings of this questionnaire to decide what else, if anything needs to be done. Any report of health effects may be referred to a trained assessor or registered medical practitioner for further clinical investigation (they may need to report it under RIDDOR). Findings may result in temporary restriction in the use of equipment, or to remove the worker from further exposure pending diagnosis.

It is not usually necessary to refer those who do not report symptoms, but you should keep records and seek every opportunity to minimise exposure to vibration.

**Annual screening questionnaire for workers using handheld vibrating tools, hand guided vibrating machines and handfed vibrating machines**

Date:

Employee name: Ex or current smoker? **E/C**

Occupation: Heavy smoker? **Y/N**

DOB: NI no:

**Have you been using hand-held vibrating tools, machines or hand-fed processes in your job, or if this is a review, since your last assessment?**

*(Detail brief history overleaf if your CV is not available or on file)*

If NO or more than 2 years since last exposure please return the form - there is no need to answer further questions.

**If YES**

(a) Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment? **Y/N**

(b) Do you have numbness or tingling of the fingers at any other time? **Y/N**

(c) Do you wake at night with pain, tingling, or numbness in your hand or wrist? . **Y/N**

(d) Have any of your fingers gone white (see photo) \* on exposure to cold? **Y/N**



\*Whiteness means a clear discoloration of the fingers with a sharp edge, usually followed by a red flush.



Mark on the sketch the effected parts.

|  |  |  |
| --- | --- | --- |
| **a) White colour or BLANCHING** |  |  |
| **b) TINGLING or NUMBNESS** |  |  |

(e) Have you noticed any changes in your response to your tolerance of working outdoors in the cold? **Y/N**

1. Are you experiencing any other problems with the muscles or joints of the hands or arms? **Y/N**
2. Do you have difficulty picking up very small objects e.g. screws or buttons or opening tight jars? **Y/N**
3. Has anything changed about your health since your last assessment? **Y/N**

If so give details

**OCCUPATIONAL HISTORY (If CV not on file)**

*(Detail brief history overleaf if your CV is not available or on file)*

**Dates Job Title Job Task**

I certify that all the answers given above are true to the best of my knowledge and belief.

**Signed (worker): Date:**

**RETURN IN CONFIDENCE TO: XXXXXXX**

**(Responsible person, not necessarily medically trained):**

*Use the findings of this questionnaire to decide what else, if anything needs to be done. Any report of health effects should be referred to a trained assessor or Registered medical practitioner for further clinical investigation (they may need to report it under RIDDOR). It is good practice to remove the worker from further exposure pending diagnosis.*

*It is not usually necessary to refer those who do not report symptoms, but you should keep records and seek every opportunity to minimise vibration exposure.*

Information for workers about Hand-arm vibration syndrome **(HAVS):**

* is a disorder which affects the blood vessels, nerves, muscles and joints of the hand, wrist and arm;
* can become severely disabling if ignored, and
* Is best known as **vibration white finger** (VWF), which can be triggered by cold or wet weather and can cause severe pain in the affected fingers.

Signs to look out for in hand-arm vibration syndrome:

* tingling and numbness in the fingers;
* in the cold and wet, fingers go white, then blue, then red and are painful;
* You can't feel things with your fingers;
* Pain, tingling or numbness in your hands, wrists and arms;
* Loss of strength in hands.