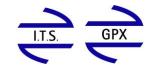


Yearly HAV Screening Questionnaire



YEARLY SCREENING QUESTIONNAIRE FOR WORKERS USING HAND-HELD VIBRATING TOOLS, HAND-GUIDED VIBRATING MACHINES AND HAND-FED VIBRATING MACHINES

(Please complete the questionnaire and return to your Cleshar Manager or Health& Safety Advisor)

1. Personal Details				
Employee Full Name:				
Occupation:		NI Nur Emplo	nber/ yee Number	
Contact Telephone Number			emale:	
2. Do you use hand-held vibrating				Yes/No
a. b.	If you do not use vibrating ed If YES; Please answer all qu	quipment, complete Questions 13 estions:	to 16	
2 Do you use vibrating equipme				
3. Do you use vibrating equipme	Every shift			
	2-3 Days a w	eek		
	Once a week			
	Less often			
List all the vibrating equipment that you use on regular basis				
4. Do you have any tingling or numbness of the fingers lasting more than 20 minutes after using vibrating equipment?				Yes/No
5. Do you have any tingling or numbness of the fingers any other time?				Yes/No
6. Do you wake at night with pain, tingling or numbness in your hand or wrist?				Yes/No
7. Do one or more of your fingers go numb more than 20 minutes after using vibrating equipment?				Yes/No
8. Have your fingers gone white* on cold exposure?				Yes/No
*Whiteness means a clear dis	colouration of the fingers with	a sharp edge, usually followed b	y a red flush.	
a. If yes, do you have difficulty re-warming them when leaving the cold?				Yes/No
9. Do your fingers go white at any other time?				Yes/No
10. Are you experiencing any other problems with the muscles or joints of the hands or arms?				Yes/No
11. Do you have difficulty picking up small objects e.g. screws, buttons or opening tight jars?				Yes/No
12. Do you smoke?				Yes/No
13. Has anything changed about y	our health since the last Med	dical Questionnaire?		Yes/No
If YES or if you don't remember, p				
44 Annual and annual and a second	Easting 2			
14. Are you on any long-term medication? If YES, please give details:				Yes/No
II TES, please give details:				
15 Do you use vibrating equipme	nt whon working for other am	ployare?		Yes/No
15. Do you use vibrating equipme	-		alma amal ballad	T ES/INU
16. Declaration: I certify that all	the answers given above a	re true to the best of my knowle	edge and belief.	
Signed:		Date:		
For office purposes only:		Position:		
Reviewed by:		Position:		
Is further action necessary: Yes/No				
Recommended Action:				