

# YOUR COMPANY NAME

## Annual Screening Questionnaire Health Surveillance Hand Arm Vibration Syndrome (HAVS)

MEDICAL IN CONFIDENCE

**Annual** screening questionnaire for workers using handheld Vibrating tools, hand-guided vibrating machines and Hand-fed vibrating machines.

Date: .....

Employee name: .....

Occupation: .....

Address: .....

Date of birth: .....

National Insurance no: .....

Employer name: .....

Have you ever used hand-held vibrating tools, machines or hand-fed processes in your job or if this is a review, since your last assessment? **Y/N**

**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) List year of first exposure.....

(b) When was the last time you used them? .....

(Detail work history overleaf)

1. Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment? **Y/N**
2. Do you have tingling of the fingers at any other time? **Y/N**
3. Do you wake at night with pain, tingling, or numbness in your hand or wrist? **Y/N**
4. Does one or more of your fingers go numb more than 20 minutes after using vibrating equipment? **Y/N**
5. Have your fingers gone white\* on cold exposure? **Y/N**

*Blanching*



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

- 6. If Yes to 5, do you have difficulty re-warming them when leaving the cold? **Y/N**
- 7. Do your fingers go white at any other time? **Y/N**
- 8. Are you experiencing any other problems with the muscles or joints of the hands or arms? **Y/N**
- 9. Do you have difficulty picking up very small objects, e.g. screws or buttons or opening tight jars? **Y/N**
- 10. Have you ever had a neck, arm or hand injury or operation? **Y/N**

If so give details.....  
 .....  
 .....

- 11. Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels? **Y/N**

If so give details.....  
 .....  
 .....

- 12. Are you on any long-term medication? **Y/N**

If so give details.....  
 .....

**OCCUPATIONAL HISTORY**

Dates	Job Title
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**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
- Its best known form is 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.

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return In Confidence To:** \_\_\_\_\_