

YOUR COMPANY NAME

Initial Screening Questionnaire Hand Arm Vibration Syndrome (HAVS)

MEDICAL IN CONFIDENCE

Initial 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? **Y/N**

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

.....
.....
.....
.....
.....
.....
.....
.....
.....

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

Signed: _____

Date: _____

RETURN IN CONFIDENCE TO: _____