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| **Name** | |  | | |
| **Date of Birth** | |  | | |
| **Contact Phone Number** | |  | | |
| **Job Title** | |  | | |
| **Employer** | |  | | |
| **Function/Cluster** | |  | | |
|  | |  | | |
| **Have you ever used hand held vibrating tools, machines or hand feed processes in your job?** | | | Yes | No |
| **If Yes:** | | |  | |
| Note first year of exposure | | |  | |
| Please estimate the average daily/weekly exposure to HAV at work (in hours) | | |  | |
| When was the last time you used vibrating tools? | | |  | |
|  | | |  | |
| **Section A – Hand Symptoms** | | | **Yes** | **No** |
| **1** | Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment? | |  |  |
| **2** | Does one or more of your fingers go numb for more than 20 minutes after using vibrating equipment? | |  |  |
| **3** | Do you have tingling or numbness of the fingers at any one time? | |  |  |
| **4** | Do you wake at night with pain, tingling, or numbness in your hand or wrist? | |  |  |
| **5** | Do your fingers ever go white\* on cold exposure?  \* Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush (see photograph)    If **Yes**, do you have difficulty re-warming them when leaving the cold? | |  |  |
|  |  |
| **6** | Do your fingers go white at any other time? | |  |  |
| **7** | Are you experiencing any other problems with the muscles or joints of the hands or arms?  If yes, please give details: | |  |  |
| **8** | Do you have difficulty picking up very small objects e.g. screws or buttons or opening tight jars? | |  |  |
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| # symptoms which suggest that HAVS syndrome may be present and further assessment may be required | | | | |

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| **Name** | | |  | | | | |
| **Date of Birth** | | |  | | | | |
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| **Section B – Medical History** | | | | | | **Yes** | **No** |
| **1** | Have you ever had a neck, arm or hand injury or operation?  If **yes**, please give details: | | | | |  |  |
| **2** | Are there any residual symptoms or deformities?  If **yes**, please give details: | | | | |  |  |
| **3** | Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels?  If **yes**, please give details: | | | | |  |  |
| **4** | Are you any long-term medication?  If yes, please give details: | | | | |  |  |
|  | | | | | | | |
| **Section C – Social History / Leisure Pursuits** | | | | | | **Yes** | **No** |
| **1** | Do any members of your immediate family suffer white finger  If **yes**, please give details: | | | | |  |  |
| **2** | Do any hobbies expose you to hand or arm vibration?  If **yes**, please give details: | | | | |  |  |
| **3** | Do you drink alcohol?  If yes, how many units per week? | | | | |  |  |
| **4** | Are you a: | Smoker (a) | | Ex-Smoker (b) | Non-Smoker |  | |
| (a) When did you start smoking? | | | | | | |
| (b) When did you stop smoking? | | | | | | |
|  | | | | | | | |
| **Section D – Occupational History with Current Employer** | | | | | | | |
| **Job Title** | | | | | **Dates** | | |
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| **Section E – Previous Employment with Vibration Tools** | | | | | | | |
| **Employer** | | | | | **Dates** | | |
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| **Name** | |  | | | | |
| **Date of Birth** | |  | | | | |
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| **Declaration** | | | | | | |
| **Data Protection Act 2018 & General Data Protection Regulation (EU) 2016**  Information about your health, medical history and any treatment you have received is known as personal sensitive data. We require your written informed consent to obtain and process any health related data about you. Iqarus will store data in a secure environment and it will only be accessed and processed by those staff that have explicit and reasonable need to do so. We will only retain information for as long as necessary. Health records are maintained in line with best practice guidance for health service providers. Anonymised data may be used by Iqarus, or disclosed to others e.g. regulatory bodies such as OGUK, HSE, MCA purely for the purpose of research or statistical analysis. No individual will be identified in this anonymised research. On occasion named data may be required to be disclosed to Regulatory bodies such as the HSE or MCA. You may request access to your personal data held by Iqarus, for further details of how to do this and for our full Privacy Policy see our website.  I certify that all the answers given above are true to the best of my knowledge and belief. I consent to Iqarus holding and processing personal data in accordance with Data Protection Legislation.  I hereby consent to a report / statement of assessment being supplied, in confidence, to my employer. | | | | | | |
| **Signed:** |  | |  | **Date:** |  |  |
|  | | | | | | |
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| **What is Hand Arm Vibration Syndrome (HAVS)?**   * A disorder which affects the blood vessels, nerves, muscles and joints of the hand, wrist and arm * It can become severely disabling if ignored * 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 effected fingers.   **Signs to look out for in Hand Arm Vibration Syndrome:**   * Tingling and numbness in your fingers in 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 your hands | | | | | | |

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| **Name** | |  | | | | |
| **Date of Birth** | |  | | | | |
|  | | | | | | |
| **Clinical Notes** | | | | | | |
| **Next Review Date and at What Level:** | | | | | | |
|  | | | | | | |
| **Additional Notes:** | | | | | | |
|  | | | | | | |
| **Clinician Signature:** |  | |  | **Date:** |  |  |
|  | | | | | | |
| **Print Name:** |  | |  |  |  | |
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