**MEDICAL IN CONFIDENCE**

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

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| **Employee Name** |  | **Date** |  |
| **Occupation** |  | **Date Of Birth** |  |
| **Address** |  | **National Insurance Number** |  |
| **Employers Name** |  |
| **Date of Previous Screening** |  |  |

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| **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 work history overleaf) |
| **If NO or more than 2 years since last exposure, please return the form - there is no need to answer further questions.** |
| **If Yes:** |
|  | **YES** | **NO** |
| 1. **Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment?**
 |  |  |
| 1. **Do you have numbness tingling of the fingers at any other time?**
 |  |  |
| 1. **Do you wake at night with pain, tingling, or numbness in your hand or wrist?**
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| 1. **Have your fingers gone white\* on cold exposure?**

\* Whiteness means a clear discoloration of the fingers with a sharp edge, usually followed by a red flush. |  |  |
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|  | **YES** | **NO** |
| 1. **Have you noticed any change in your response to your tolerance of working outdoors in the cold?**
 |  |  |
| 1. **Are you experiencing any other problems in your hands or arms?**
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| 1. **Do you have difficulty picking up very small objects, eg screws or buttons or opening tight jars?**
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| 1. **Has anything changed about your health since the last assessment?**
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| **Occupational History** |
| **Dates** | **Job Title** |
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| **I certify that all the answers given above are true to the best of my knowledge and belief.** |
| **Signed** |  | **Date** |  |
| **Print Name** |  |

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| **Return in confidence to:** |
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| **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.
* 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 and-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.
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