

Health Surveillance Referral Form (page 1 of 3)



Please organise appointments and undertake appropriate health surveillance for the individual listed below and notify me of their fitness to continue work or failure to attend:

Section A – Employee Details

Title: Employee's name: Date of birth (format dd/mm/yyyy)

Home address: Work address:

Telephone number: Work telephone number:

Employee email address:

Job title: Directorate: Division/School:

Payroll number: Normal working week (e.g Monday to Friday 9-5)

Number of hours worked/week

Permanent or contract: Part time or full time:

Has a risk assessment been undertaken?

Health Surveillance Required:

Audio (noise)

(See SWP - Noise for further guidance)

Daily/weekly dose exceeding 85 db (A) - Use of noisy power tools and plant e.g. Kango hammers, percussion drills, chain saws, angle grinders, grass cutting machinery, etc.

Please specify:

If it is necessary to raise the voice when the machine is being use it is likely that the noise level for the particular machine exceeds 85db (A). The daily/weekly dose depends upon the time exposed. If there is any doubt, a noise assessment will be required (Control of Noise at Work Regulations 2005).

Equipment used:

Is Health Surveillance required: Yes No

Health Surveillance Referral Form (page 2 of 3)



Hand arm vibration (HAV)

(See SWP - HAV for further advice)

Daily dose exceeding 2.5m/s^2 - Use of power tools and plant which transmit vibration to the hands e.g. Kango hammers, percussion drills, chain saws, angle grinders, grass cutting machinery, etc.

Please specify:

It will be necessary to obtain manufacturers data or arrange for vibration to be measured and to add daily exposures for individual equipment together (Control of Vibration at Work Regulations 2005).

Equipment used:

Is Health Surveillance required: **Yes** **No**

Whole body vibration

Daily dose exceeding exposure action value (EAV): either 0.5m/s^2 A(8) or $9.1\text{m/s}^{1.75}$ VDV – Tractors, ride on mowers, vehicles travelling on rough ground, etc.

Please specify:

It will be necessary to obtain manufacturer's data or arrange for vibration to be measured. There may be some difficulty in obtaining vibration values. These values are not likely to be embodied in legislation for some years (Control of Vibration at Work Regulations 2005).

Equipment used:

Is Health Surveillance required: **Yes** **No**

Health Surveillance Referral Form (page 3 of 3)



Chemical and biological agents

(See SWP - COSHH for further advice)

Significant exposure that, in cases where the risk is from inhalation, would normally be above the Workplace Exposure Limit (WEL). Skin contact with irritant and corrosive substances. Commonly where Personal Protective Equipment is needed to protect employees from exposure - Wood dusts, MDF, toxic woods, dust in general, silica, isocyanates, grain dust, electrical solder fumes, solvents, tar, used engine oil, oil, grease, gases, chemicals, fumes, aerosols, vapours, detergents, lead, asbestos.

Please specify:

Substances used:

Is Health Surveillance required: Yes No

Other

Please note, for any other OH referral please use the management referral form located on the intranet. (Do not use this section to report any sickness absence).

Please provide any further information regarding the referral:

Section C – Referrer Details

Name of referrer:

Contact number:

Email address:

Are you: The line manager Other (please specify):

Alternative contact name (please ensure the following details are provided):

Contact number:

Email address:

Please complete the referral form and email to healthsurveillance@southampton.gov.uk