**HEALTH SURVEILLANCE ENQUIRY FORM**

**To be completed by Line Manager:** This form should be completed in conjunction with local risk assessments if the process/exposure has a potential adverse health outcome and further advice is required from the Occupational Health Service to confirm if health surveillance is required.

**SECTION A: DETAILS OF SUBSTANCE/EXPOSURE**

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| --- | --- | --- | --- |
| Substance/process exposed to: | | | |
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| Where environmental monitoring data is available, please provide:  Level of exposure: | | | |
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|  | | | |
| Frequency of exposure: | | | |
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| What safety/control measures are currently in place? | | | |
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| Has health surveillance previously been required for this purpose? | | Yes | No |
|  | | | |
|  | | | |
| **Name (print):** | **Designation:** | | |
| **Signature:** | **Date:** | | |
| **COMPLETED FORMS SHOULD BE RETURNED TO:** | | | |
| Occupational Health Service  Ward 6A  West Glasgow ACH  Dalnair Street, Glasgow G3 8SJ  Tel: 0141 201 0600 Fax: 0141 201 0585 | | | |