

## Baseline Health Surveillance Summary record

This form is designed so that Occupational Health can identify if any specific health surveillance is required for your work within the university

Please complete section 1 and return directly to the Occupational Health Service at Basement King George VI Building, Queen Victoria Road, Newcastle upon Tyne for review. You will be contacted if any further follow-up is required.

The information on this form is confidential to the Occupational Health Service and will be maintained in compliance with the Data Protection Act 1998.

### Section 1 – To be completed by the employee

<b>(a) Personal details</b>		
Surname:	First name:	
Mr / Mrs / Miss / Ms / Dr.	Date of birth:	
Address:		
Postcode:	Tel. No.	
Employee Staff Number :		
<b>(b) Job Details</b>		
Department / Faculty		
Job title:		
Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Postgraduate <input type="checkbox"/>		
Hours worked:                      hrs per day / week / month / year		
<b>(c) Previous Occupations</b> – in order that we can correctly organise your Occupational Health care please list your previous jobs and if possible give information on the hazards or health risks you were exposed to		
<b>Occupation</b>	<b>From To</b>	<b>Details of tasks which involved likely exposure to known Health Hazards</b>

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<b>(a) Specific surveillance required</b>		
COSHH Health Surveillance (Specify type): Night Worker Assessment Vehicle Driver Vision Screen Diver/Seafarer Laser worker Confined space Audiometry Food Handler		
<b>(b) Follow up:-</b>		
Yes / No	Reason for follow up	Appointment Date:
<b>(c) Medical Follow up review</b>		
<div style="margin-bottom: 10px;">Fit    Yes / No</div> <div style="margin-bottom: 10px;">Key actions:</div> <div style="margin-bottom: 10px;">Any work restrictions/period of restriction:</div> <div style="margin-top: 50px;"> <div style="display: flex; justify-content: space-between;"> <div>           Signed:.....             Designation .....         </div> <div>           Print Name .....             Date:...../...../.....         </div> </div> </div>		