

Employee Skin Surveillance Health Record Form (Page 1)

Employee Name:	DOB:
	National Ins No:
Home Address:	
Contact Number:	
Email Address:	
Department/site:	Job Title:
Date commenced current role:	

Please read: To safeguard your health and safety at work NHS Tayside is required to undertake regular checks of your skin. Please read and sign the Employee Skin Health Surveillance before completing the rest of this form.

Employee to complete (please circle)

1. Is this your first skin surveillance since starting this post?	Yes / No
2. Was your last skin health training update over two years ago?	Yes / No
3. Are you or do you think you might be allergic to latex?	Yes / No
4. Are you allergic to any non-latex gloves e.g. nitrile?	Yes / No
5. Do you have any other known fruit allergies e.g. bananas, avocado, kiwis, chestnuts etc?	Yes / No
6. Did you have history of eczema and/or asthma prior to starting this post?	Yes / No
7. Since your last skin assessment (or if this is your first) have you experienced any skin symptoms affecting your hands / fore-arms, or other exposed area e.g. legs, neck, lips etc such as dry skin, redness, rash, itchiness, broken skin etc?	Yes / No
8. Since your last assessment (or if this is your first) have you ever experienced any chest symptoms e.g. recurrent wheeze or cough, since starting work?	Yes / No
9. Since your last assessment (or if this is your first) have you had any ongoing or recurrent eye irritation?	Yes / No
10. Do you suspect any substance/material at work may have contributed to any symptoms that you may have experienced? Please list them here:	Yes / No

Gloves/substances that you use, or might be exposed to in the workplace (tick all that apply)	
Latex gloves or other latex products	<input type="checkbox"/>
Non-latex gloves (please state type)	<input type="checkbox"/>
Skin washes (please state type)	<input type="checkbox"/>
Alcohol gel	<input type="checkbox"/>
Other substances e.g. detergents/disinfectants, machine oils etc	<input type="checkbox"/>
Frequency of hand washing during a typical shift e.g. 10x, 20x, 30x. 40x (please circle)	

Name (block capitals):**Signature:****Date:**

Employee Skin Surveillance Health Record Form (Page 2)

(Please ensure that Page 1 (employee questionnaire) accompanies this form)

RESPONSIBLE PERSON to COMPLETE	
<i>I confirm that I have given the employee a skin care leaflet: YES or NO (please circle)</i>	
Name of employee (capitals):	
Name of Responsible Person (capitals):	
Signature of Responsible Person:	Date:
Email address:	
Visual skin check result (please circle):	
Satisfactory	Unsatisfactory
(repeat skin check at least annually or more often if recently had skin problems, or on advice from OCCUPATIONAL HEALTH)	
Consult with manager if visual skin check is Unsatisfactory OR if employee has given a Yes answer to any of questions 2 to 10.	
LINE MANAGER to COMPLETE	
Name (of manager) in capitals:	
Signature:	Date:
Email Address:	
I wish to refer this employee to OCCUPATIONAL HEALTH because: (Please put a cross in appropriate box)	
Skin check is unsatisfactory and has not responded to local, skin care advice over the last six weeks.	
Skin check is unsatisfactory and the employee has indicated known allergies, or is worried that a workplace substance has caused problems. (Please enclose a copy of your COSHH assessment for that substance).	
Skin check is satisfactory, but employee has a known or, suspected occupational allergy or remains concerned that they have problems with a workplace substance/material (if you have already received advice about this from Occupational Health, you do not need to re-refer unless concerns remain).	
Date this form sent to OH if different from above:	

If you have any other information, or have additional questions please ensure that they accompany this form.

If referral required please post completed forms to Occupational Health, 1 Edward Street, Dundee, DD1 5NS or **preferably** scan and email to Tay-UHB.occhealth@nhs.net

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Version Control Record *(expand table as required)*

Date	Revision Description	Major Changes
07/08/2018	Published version	