



Name.....

Address.....

National Insurance No.....

Date of previous screening.....

The completion of this form is part of the continuing commitment by the company in ensuring its work activities, work equipment or employee activities remain within the requirements of the Control of Vibration at Work Regulations 2005.

The accurate completion, so far as you are able, to the questions will enable the company to continue to protect its workforce, successfully address any problems and comply with legislation.

Please study these questions, answer as appropriate and sign the declaration on completion. A copy of this form will be retained on your personal file.

Would you please answer the following questions? Please tick 'Yes' or 'No' box as appropriate Where the 'Yes' box is ticked details will need to be provided.			
		Y / N	Details
1	Have you been using hand held vibrating tools / equipment since the last assessment?		If Yes, give details.
If NO or more than 2 years since last exposure please return the form – there is no need to answer further questions			
2	Do you have any tingling feeling of the fingers lasting more than 20 minutes after using vibrating equipment?		
3	Do you have numbness or tingling of the fingers any other times?		If Yes, give details
4	Do you wake at night with pain, tingling or numbness in your hand or wrist?		If Yes, how often?
5	Have fingers gone 'white' on cold exposure?		
6	Have you noticed any change in response to your tolerance of working outdoors in the cold?		
7	Are you experiencing any other problems in your hands or arms?		If Yes, when?
8	Do you have difficulty picking up very small objects, e.g. screws or buttons or opening tight jars?		If Yes, how often?
9	Has anything changed about your health since the last assessment?		If Yes give details

Signed Name (print) Date

Please give brief summary of work activities involving vibrating equipment / tools since last assessment