Health questionnaire for on-going surveillance of people potentially exposed to substances that can cause occupational asthma.

To be completed by the responsible person

Employee's name ______________________ Works no ______________.

The questionnaire should be completed six weeks after employment commences and annually thereafter on the anniversary of the commencement of employment - unless the company occupational health adviser determines otherwise.

Further advice will be required from the company occupational health adviser if any yes box is ticked.

Since starting your present job have you had any of the following symptoms either at work or at home? (Do not include isolated colds, sore throats or flu.)

(a)	Recurring soreness of or watering of eyes	Yes ☐ No ☐
(b)	Recurring blocked or running nose	Yes ☐ No ☐
(c)	Bouts of coughing	Yes ☐ No ☐
(d)	Chest tightness	Yes ☐ No ☐
(e)	Wheeze	Yes ☐ No ☐
(f)	Breathlessness	Yes ☐ No ☐
(g)	Have you consulted your doctor about chest problems since the last questionnaire?	Yes ☐ No ☐

To be completed by the responsible person

(a)	No further action required	☐
(b)	Refer to company occupational health adviser	☐

Signature of responsible person ______________ Date ______________________

I confirm that the responses given by me are correct and that I have received a copy of the completed questionnaire.

Signed ______________________________ Date ______________________