

Control of Asbestos Regulations 2012

Regulation 22(3)

Respiratory Symptom Questionnaire - Non-Licensed Work

Occupational Information

1. Does your work involve working with asbestos containing materials? Yes No
2. How long have you been doing this work?

Respiratory Symptoms

3. Have you ever, or since your last examination had:
- (a) an injury or operation affecting your chest? Yes No
- (b) pleurisy? Yes No
- (c) pulmonary tuberculosis Yes No
4. Do you usually cough during the day (or at night when on night work) Yes No
5. Do you usually bring up any phlegm from your chest on most days (or nights) for as much as three months each year? Yes No
6. Do you usually get short of breath when walking with people of your own age on level ground? Yes No
7. During the past three years, or since your last examination, have you had any chest illness, which has kept you from your usual activities for as much as a week? *If NO, go to question 10* Yes No
8. Did you bring up more phlegm than usual in any of these illnesses? *If NO, go to question 10* Yes No
9. How many illnesses like this have you had in the past three years or since your last examination?

Smoking

10. Have you ever smoked? *If NO, this is the end of the questionnaire* Yes No
11. (a) Do you smoke at present? Yes No
- (b) Have you given up smoking in the last month? Yes No
- (c) How old were you when you started smoking regularly? *Enter age in years (a regular smoker is defined as one who has smoked as much as one cigarette a day, one small cigar a day or one ounce of tobacco a month, for as long as a year)*
- (d) How many manufactured cigarettes do you usually smoke or were you smoking per day?
- (e) How much tobacco do you usually smoke or were you smoking per day? *Enter number of grams (1 ounce = 28 grams)*
- (f) How much pipe tobacco do you usually smoke or were you smoking per day? *Enter number of grams (1 ounce = 28 grams)*
- (g) How many small cigars do you usually smoke or were you smoking per day?
- (h) How many large cigars do you usually smoke or were you smoking per week?

Ex-Smokers only

12. How old were you when you last smoked?

This page is deliberately
blank to ensure separation of the
certificate and confidential medical
questionnaire record

Employment Medical Advisory Service

The Control of Asbestos Regulations 2012

Regulation 22(3)

Certificate of Medical Examination - Non-Licensed Work

Name of employer/business name

Address

I hereby certify that I have examined *(name and address)*

National Insurance Number

Date of Birth

and/or

in accordance with Regulation 22 of The Control of Asbestos Regulations 2012 in respect of notifiable non-licensed work.

The medical examination was carried out on

(Please write date in full e.g. 01 January 2011)

Signature of Doctor

Date

Registration Number of Doctor

Address stamp for practice

Note

- Regulation 22(4) of The Control of Asbestos Regulations 2012 requires employers to keep this certificate or a copy for at least 4 years.
- This is not a fitness for work examination for the specific work conditions in relation to asbestos work.