

# Health surveillance record form - Licensed work

**Personal Details**

Name

Address  NI number

Date of birth

Employer's name

Employer's address

**Work activity**

Form FODMS75 completed  (tick box)      Respiratory symptom questionnaire completed  (tick box)

**Occupational history** (particulars ref: Asbestos, Dust, Fibre)

**Medical history**

Smoking

Respiratory conditions

Other

**Clinical examination** (including Spirometry)

		Actual	Pred
Finger clubbing			
Chest	FEV <sub>1</sub>		
Expansion	FVC		
Other	FEV <sub>1</sub> FVC		

**Summary**      Normal       Obstructive       Restrictive       Combined

**Chest X-ray** (should be justified on individual clinical grounds - full size PA if taken)

**Advice given to employee** (including effect of smoking)  (tick box)      Likely fit to work in enclosures?      Yes       No

Certificate of Examination passed to employer  (tick box)      Certificate of Examination passed to subject\*  (tick box)

Date of next review (normally 2 years)       Date completed

Name MED I/AD       Signed

\* **Note:** The MS72A certificate of examination should not contain a fitness statement. If fitness for work with asbestos or work in enclosures is in doubt, an additional fitness for work medical may need to be agreed with the employer.