

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 ₁		
Expansion	FVC		
Other	FEV ₁ 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.