

# Medical Surveillance Form – Licensed Work\*

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## Contents

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Contents.....	1
Guidance on completing the Consent Form.....	2
Guidance on completing the Medical Surveillance Form .....	2
List 1 – Job Codes in Section 4.....	3
List 2 – Respirator / Face Mask Protection Codes in Section 4 .....	3
Examples of Respirators / Face Mask Protection .....	4
Participant Information Leaflet .....	6
Consent Form .....	11
Medical Surveillance Form.....	12

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**\*For licensed work excluding fire fighting**

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## Guidance on completing the Consent Form

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- An MS75 form should be completed for every medical examination undertaken for licensed work under the Control of Asbestos Regulations, except if the individual is a firefighter. Firefighters have different occupational exposures and are not included in this surveillance programme.
- On presenting for medical examination, all asbestos workers should be asked to read a copy of the accompanying information leaflet (page 6). The first page of this leaflet includes a brief summary of the information leaflet and contact details. Asbestos workers may keep a copy of the information leaflet if they wish, otherwise they should hand this back to you before the medical commences.
- All workers should then indicate whether they wish to be included in the research by completing the consent form (page 11).
- It is important for all workers to complete the consent form, even if they do not wish to take part. It is particularly important for those who have attended a previous medical to complete the consent form. These workers may have already completed an MS75 questionnaire and the study team needs to update the study database if someone wishes to withdraw from the research.
- All MS75 consent forms and medical surveillance forms (pages 11 - 18) including the consent forms for those individuals not wishing to take part in the research, should be returned to the study team when requested. These requests are made on an ANNUAL basis.
- Consent forms of individuals who do not wish to take part will be securely destroyed after checking that they are not already part of the research study. If they have previously taken part in the study, the consent form will be retained as a record of their withdrawal from the study.
- Copies of the MS75 form and accompanying information leaflets may be downloaded from HSE's website.

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## Guidance on completing the Medical Surveillance Form

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- Dates of first exposure to asbestos (Section 4) will often not be known exactly. The date of the first exposure to asbestos in current employment may lie in the future at the time of the medical. Give approximations as appropriate.
- Section 5 – Please complete both parts if workers are engaged in both asbestos removal work and other kinds of work with asbestos.
- Respiratory protective equipment codes (Section 5a) should be chosen by making reference to List 2 below and the attached illustrations of typical examples of each type.
- For frequency of contact codes (Sections 5a and 5b), interpret 'Daily' as 'on most days'; 'Weekly' as 'most weeks but not most days'; and so on. For example, 3 days per week counts as 'Daily', 2 days per week counts as 'Weekly'.
- Workers who are having a first, pre-exposure medical examination may not be able to give answers to some of the questions in Section 4. When this is the case, complete as much of the section as possible.

## List 1 – Job Codes in Section 4

### Codes relevant to strippers / removal workers:

- 64 Supervising
- 65 Stripping, encapsulating, removing
- 69 Other exposed workers eg sampler, cleaner, scaffolder, outside man, waste handler (please specify in the questionnaire)

### Codes relevant to other kinds of work with asbestos:

#### BUILDING AND CONSTRUCTION

- 200 Heating engineers
- 201 Asbestos board cutting / fitting
- 202 Asbestos roofing construction and maintenance
- 203 Demolition
- 204 Labourer to building trade craftsman
- 205 Plumber
- 206 Carpenters / joiners
- 207 Electricians
- 208 Analysts / surveyors
- 209 Other building trade craftsman, eg painter (please specify in the questionnaire)

#### MISCELLANEOUS PROCESSES

- 210 HSE or LA inspectors
- 211 Maintenance / repair of asbestos extraction equipment (eg negative pressure units, type H vacuum cleaners)
- 212 Other exposed workers (please specify in the questionnaire)

## List 2 – Respirator / Face Mask Protection Codes in Section 4

- F Negative pressure, battery power assisted or compressed air supplied full face mask, TH3 battery powered hood, helmet or blouse, and compressed air supplied hood, helmet or blouse.
- H Negative pressure, battery power assisted or compressed air supplied half face mask, FFP2 / FFP3 filtering facepiece and TH2 'airstream' helmet.
- M Minimal eg nuisance dust / comfort mask.
- N No / none.

# Examples of Respirators / Face Mask Protection

CODE F

**Full mask**



**Power assisted mask**



**Airline full face mask**



**Airline hood**



**Blouse**



**Powered (TH3) hood**



**CODE H**

**Filtering facepiece**



**Half mask**



**Airstream helmet (TH2)**



**CODE M**

**Nuisance dust mask**



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## Participant Information Leaflet

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### The Asbestos Workers' Survey:

#### Research into the health of people working with asbestos

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#### We invite you to take part in a research study

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- Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve.
- Please take time to read the following information carefully.
- You are free to decide whether or not to take part in this study. If you choose not to take part, this will not affect your medical examination today.
- Ask if anything is not clear or you would like more information.

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#### Important things that you need to know

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- The Health and Safety Executive (HSE) wants to minimise the risk to health caused by working with asbestos.
  - Over many years, HSE has reduced the risk to health by carefully controlling the use of asbestos at work.
  - This research will help HSE to inform future policy about regulations for working with asbestos.
  - If you agree to take part in this research, the doctor will ask you to complete a consent form and a questionnaire, and to give permission for HSE to ask central NHS registers to send the study team information on your health.
  - If you do not wish to take part in this research, you will be invited to record this on the consent form. Your decision on taking part will not affect your medical examination today.
  - You can stop taking part in the research at any time.
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#### Contents

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1. Why are we doing this study?
2. Why am I being invited to take part?
3. What will I need to do if I take part?
4. More information about taking part
5. How to contact the study team

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#### How to contact us

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If you have any questions about this research please talk to the doctor who carries out this medical, or get in touch with the study team using the contact details at the end of this leaflet.

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## **1. Why are we doing this research study?**

The Health and Safety Executive (HSE) wants to reduce the risks people face through work activities. Over many years, HSE has aimed to minimise the risk to health caused by asbestos by carefully controlling its use at work. It is still very important for HSE to continue to carry out research into the health of workers exposed to asbestos. The objective of this research is to monitor the health of men and women who work with asbestos in Great Britain. The findings from this research will inform future policy decisions about regulations for working with asbestos.

## **2. Why am I being invited to take part in this research study?**

You are being invited to take part in this research study because you are a licensed asbestos worker and are likely to handle asbestos during the course of your work. We would like to invite you to take part in this research study.

## **3. What will I need to do if I take part?**

If you agree to take part, the examining doctor will ask you to complete the study consent form and the study questionnaire. This questionnaire asks about the type of work you do with asbestos and the way in which you do it, whether or not you smoke, and has some questions about your health.

If you have previously had an asbestos medical examination and you completed a study questionnaire, HSE will probably have some existing information about you. HSE would still like you to complete the questionnaire again at this examination so that they can keep your information up-to-date.

The results of your asbestos medical examination (including information about your health) are kept confidentially by the examining doctor in their private records and will NOT be forwarded to HSE for research purposes. The doctor will only pass the study consent form and the study questionnaire to HSE. HSE will use this information for research purposes and it will be kept strictly confidential by the study team.

The law requires you to have a medical examination but taking part in HSE's research is voluntary. The doctor will issue you with a certificate of medical examination, whether or not you decide to take part in the research.

## **4. More information about taking part**

### **• *What information will the study team ask me to give them?***

If you agree to take part in this research, the examining doctor will ask you to complete the survey consent form and the study questionnaire.

### **• *Will the study team collect any other data about me?***

The survey team would like to follow up your health status on a long-term basis. To do this they contact central bodies of the National Health Services (NHS). If you agree, the researchers will

ask the NHS central bodies to inform the researchers about important health events, such as cancer and death registrations. The study team may also ask them to help contact you.

The researchers will send your name, address, date of birth, sex and NHS number (or CHI number in Scotland) to NHS Digital (England and Wales) or the NHS Central Register (Scotland) so that you can be linked to the relevant data sets. For cancer and death registrations, NHS Digital or the NHS Central Register (Scotland) will send the study team information on the date of the event, and the cancer type and cause of death respectively.

By doing this for as many men and women who work with asbestos as possible, the study team can assess asbestos risks on a long-term basis. This will help to make sure that the risks to current and future asbestos workers are properly controlled.

- ***How long will the research study last?***

This is a long-term study which began in 1971. HSE has not set an end date for it.

- ***Will my information be kept confidential?***

We will treat any information you provide or any health information sent to the study team as strictly confidential. Access to personal data will be restricted to authorised people, which are the small number of individuals working on the study and may include auditors who check that the study is being carried out correctly. The extended study team will include the researchers; the examining doctors and their staff who process the consent and medical surveillance forms; and any contractors employed to process the study data. Your personal data will be protected by the Data Protection Act (2018), the General Data Protection Regulation and by other laws protecting the privacy of information obtained through the NHS.

HSE may ask for help from other expert researchers with this research. Also, other expert researchers may ask us for permission to use the information we have collected during the study. This may include researchers who work on similar studies in other countries. It is important to stress that all information collected about you during the course of the research will be kept strictly confidential. Any information about you, which is used by other researchers, will have your name, address and any other information that may identify you removed so that you cannot be recognised. We will not pass any information that can be linked to you as an individual to anyone, other than the NHS central bodies mentioned above, unless you have given us permission to do so.

We must publish the findings of our research if they are to help improve health and safety. **But personal information that could be linked to you as an individual will not be made public.** We will only report research findings that are summarised over many individuals.

- ***What will the study team do with the information I give to them?***

Health information is regarded as a special category of information. HSE's researchers will use the information for health research only, and not for any other purpose.

HSE is the sponsor for this study based in Great Britain and will be using information from you to undertake this study. HSE will act as the data controller, which means that HSE is

responsible for looking after your information and using it properly. HSE will keep identifiable information about you for 15 years after the study has finished.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways for the research to be reliable and accurate. If you withdraw from the research, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how HSE uses your information on the Asbestos Worker's Survey website (<https://www.hsl.gov.uk/resources/major-projects/asbestos-workers-survey>) and in HSE's Privacy Policy Statement (<http://www.hse.gov.uk/privacy.htm>). HSE's Data Protection Officer can be contacted by email using the following email address – [DPO@hse.gov.uk](mailto:DPO@hse.gov.uk) – or by writing to the following address – Data Protection Officer, Health and Safety Executive, 1.3 Redgrave Court, Merton Road, Bootle, L20 7HS.

- ***Who has reviewed this research?***

This study has been reviewed and given a favourable opinion by the National Research Ethics Service Committee North West – Greater Manchester Central (Reference 14/NW/1041). The role of the committee is to protect the interests of study participants.

- ***What if I change my mind?***

If you agree to take part you can still ask to withdraw from the research at any time in the future by contacting the study team using the contact details given below.

HSE will need to use the information collected up to the time you withdraw from the research. This is because the information will already be part of earlier analyses and published statistics. These reports do not contain any identifiable data and it is not possible to remove individual data from them.

- ***What if there is a problem?***

If you have a concern about any aspect of this research, you should speak to the researchers who will do their best to answer your questions (see contact details below). If you are still unhappy, they will advise you on how to make a formal complaint.

If you have a concern about the way in which your personal information is looked after by HSE you have the right to complain to the Information Commissioner's Office (ICO). The ICO is an independent body responsible for making sure that organisations comply with the Data Protection Act (2018) and General Data Protection Regulation (GDPR). Full details about the process are available on the ICO website (<https://ico.org.uk/make-a-complaint/>).

- ***What should I do now?***

If you would like to take part in the study, please complete the consent form and questionnaire and give them to the examining doctor. The doctor will send them securely to the study team at the HSE Science and Research Centre.

If you do not wish to take part in the study, please complete the consent form and indicate that you do not wish to take part in the study. The study team will use your consent form to check if

you have agreed to take part in the study at a previous medical. If you are already taking part in the research, the study team will be able to change your records to show that you have withdrawn from the study. If the check shows that you are not already taking part in the study, your personal data will not be kept and your consent form will be securely destroyed.

## **5. How to contact the study team**

If you have any questions about the research, please feel free to get in touch with the study team using the following contact details:

**Address:** Asbestos Workers' Survey  
HSE Science and Research Centre  
Harpur Hill  
BUXTON  
Derbyshire SK17 9JN

**Telephone:** 01298 218 609

**Email:** [asbestos.workers@hse.gov.uk](mailto:asbestos.workers@hse.gov.uk)

**Website:** <https://www.hsl.gov.uk/resources/major-projects/asbestos-workers-survey>

**Control of Asbestos at Work Regulations**

**Medical in Confidence**

**Asbestos Workers' Survey**

**Consent Form**

- |  | <b>Please<br/>initial<br/>boxes</b> |
|--|-------------------------------------|
| 1. I confirm that I have read the information leaflet dated August 2020 (version FODMS75 (08.20) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily                       | <input type="checkbox"/>            |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.   | <input type="checkbox"/>            |
| 3. I understand that data collected during the study may be looked at by individuals from HSE or from regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | <input type="checkbox"/>            |
| 4. I understand that the information collected about me may be used to support other research in the future, and may be shared anonymously with other researchers.   | <input type="checkbox"/>            |
| 5. I understand that information held and maintained by NHS Digital (England and Wales) or the NHS Central Register (Scotland) may be used to help contact me or provide information about my health status.   | <input type="checkbox"/>            |
| 6. I agree to take part in the above study.  | <input type="checkbox"/>            |
| <b>OR</b>  |                                     |
| 7. I do not wish to take part in the above study.  | <input type="checkbox"/>            |

**Name of Participant**

**Date**

**Signature**

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**National Insurance Number**

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**Doctor's PIN number**

**Please complete this consent form even if you do not wish to take part**

## Medical Surveillance Form

Doctor's name

Doctor's PIN

### Section 1: Personal Details

National insurance number

Date of birth

NHS number

Forename

Surname

Maiden/Previous name

Place of birth

Home address

Postcode

GP's name

### Section 2: Worker details/exam date

Is this a pre-employment medical?

 Yes  No

What is your current age?

 years

At birth, were you described as *(please cross one)*

 Male  Female  Prefer not to say

What is today's date?

### Section 3: Smoking details

Are you a (please cross one)

- Current smoker  
 Ex-smoker  
 Never smoked

**If you have never smoked, please go to Section 4**

At what age did you first smoke regularly?  years

Do/did you mainly smoke cigarettes?  Yes  No

IF MAINLY A CIGARETTE SMOKER, how many cigarettes do/did  per day you smoke per day?

IF AN EX-SMOKER, at what age did you last smoke?  years

### Section 4: Asbestos exposure details

Date of first exposure in your current employment

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of your first ever occupational exposure (if different)

D	D	M	M	Y	Y	Y	Y
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Total time you were NOT in asbestos work between these dates  years

### Section 5: Job details (Please complete the sections below about the work you do)

**Section 5a:** Please provide details of any **asbestos stripping or removal work** that you do

Job code (see list 1 held by doctor)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If 'other', please specify

<input type="text"/>
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How long do you normally spend in a stripping enclosure whilst stripping is going on?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 hours per week

How often do you normally work with the following asbestos-containing materials when stripping? (see notes in Guidance for explanation of frequency of contact codes)

	Never	Rarely	Monthly	Weekly	Daily
1. Sprayed coatings					
2. Asbestos insulation (eg pipes)					
3. Asbestos insulating board					
4. Textured decorative coatings					
5. Asbestos cement					
6. Other					

How much total time do you normally spend working with sprayed coatings, asbestos insulation or asbestos insulating boards (1-3 above)?    hours per week

How often do you dry strip? (please cross one)

- Never
- Rarely
- Monthly
- Weekly
- Daily

When dry stripping, what dust control measure do you normally use? (please cross all that apply)

- Shadow vacuuming/extraction
- Other measure
- None
- Do not dry strip

What kind of respirator do you use when stripping? (please see list 2 held by doctor, and cross all codes that apply)

- Code F
- Code H
- Code M
- None

**Section 5b:** Please provide details of any other work you do involving asbestos which is not actually stripping or removing asbestos

Job code (see list 1 held by doctor)

If 'other', please specify

How long do you normally spend working with asbestos-containing material? For example, this might include drilling or cutting    hours per week

How often do you normally work with the following asbestos-containing materials? (see notes in Guidance for explanation of frequency of contact codes)

	Never	Rarely	Monthly	Weekly	Daily
1. Loose asbestos insulation	<input type="checkbox"/>				
2. Broken up asbestos insulating board	<input type="checkbox"/>				
3. Intact asbestos insulating board	<input type="checkbox"/>				
4. Textured decorative coatings	<input type="checkbox"/>				
5. Asbestos cement	<input type="checkbox"/>				
6. Other	<input type="checkbox"/>				

How much total time do you normally spend working with loose asbestos insulation or asbestos insulating board (1-3 above)?    hours per week

**Section 6**

**HEALTH STATUS (EQ5D)**

Under each heading, please tick the ONE box that best describes your health **TODAY**.

**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

**USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

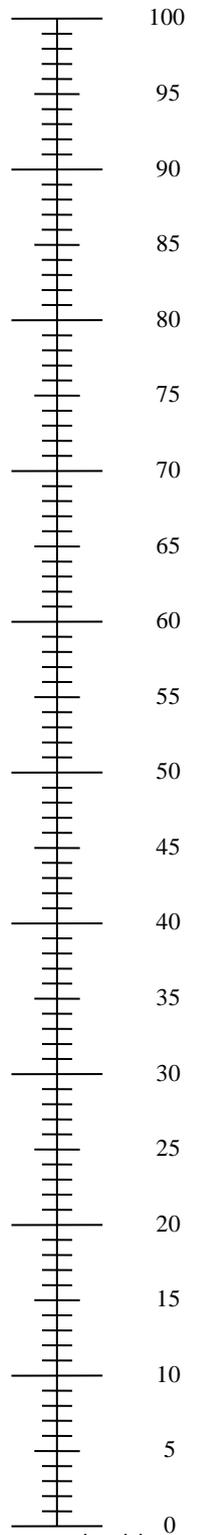
**ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is **TODAY**.
- This scale is numbered from **0** to **100**.
- **100** means the best health you can imagine.  
**0** means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is **TODAY**.
- Now, please write the number you marked on the scale in the box below.

**YOUR HEALTH TODAY =**

The best health  
you can imagine



The worst health  
you can imagine

**Section 7 – Health Questionnaire**

1) Has a doctor ever told you that you have an asbestos-related health condition? *(please cross one)* If no, please go to question 2  Yes  No

If yes, what is this health condition

How old were you when the doctor diagnosed this health condition?   years old

2) Has a doctor ever told you that you have any of the following? *(please cross and give the approximate age at diagnosis for all that apply)*

	Yes	Age at diagnosis (years old)	
Pleural Plaques	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pleural thickening	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Asbestosis	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Idiopathic Pulmonary Fibrosis (or IPF)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Any other type of lung fibrosis (or scarring) If yes, what was this scarring called by the doctor?	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

3) In the following set of questions\*, please go through the questions in order from (a) to (e) and cross the 'Yes' boxes which describe you. If your answer is No, please go to question 4 on your general health

	Yes	No
Are you ever troubled by breathlessness except on strenuous exertion?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are you short of breath when hurrying on the level or walking up a slight hill?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you have to walk slower than most people on the level? Do you have to stop after a mile or so (or after 15 minutes) on the level at your own pace?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you have to stop for breath after walking about 100 yards (or after a few minutes) on the level?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are you too breathless to leave the house, or breathless after undressing?	<input type="checkbox"/>	<input type="checkbox"/>

Very Good    Good    Fair    Bad    Very bad

4) How is your general health? *(please cross one)*

5) Do you receive any benefits for asbestos-related health conditions?  Yes  No

If yes, which benefits do you receive?

**Thank you for agreeing to take part in this research and for taking the time to complete this questionnaire.**

\* MRC Dyspnoea Scale, used with the permission of the Medical Research Council