

## Initial medical assessment

### Personal Details

Name  NI number  Date of birth  Sex (M/F)

Permanent address

### Employer's Details

Employer's name

Employer's address

Years exposed to lead before starting in current employment

Date of first exposure to lead in current employment

Date of end of exposure to lead in current employment

### GP Details

GP name  GP telephone number

GP address

### History

#### Occupational (including specifications of previous employment involving lead exposure)

#### Medical (including smoking history)

#### Clinical examination (including personal hygiene, nail biting, etc)

Consent given to disclosure of biological results to employer  Yes  No

**Laboratory test results**Name of laboratory Included in HSE list  Yes  No

Test	Result	Units
Blood Lead		
Haemoglobin		
Urinary Lead		
Other		

Blood lead range code (A, B, C, D, E - see footnote below) Assessment of fitness  Fit  UnfitRestrictions (if any) Employer informed of result  Yes  NoEmployee informed of result  Yes  NoDate of review Name EMA / AD Signed Date **Footnote:** Blood-lead ( $\mu\text{g/dl}$ ) range codes:

- A under 30
- B  $\geq 30 < 40$
- C  $\geq 40 < 50$
- D  $\geq 50 < 60$
- E 60 and over