

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 resultsName 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 ($\mu\text{g}/\text{dl}$) range codes:

- A under 30
- B 30 to 39
- C 40 to 49
- D 50 to 59
- E 60 and over