



# Surveillance record for person exposed to lead

Name and address of employer

Name

D.O.B.

Consent given to disclosure of biological test results to employer Yes  No   
(delete whichever inapplicable)

Included in HSE list Yes  No

Name of Laboratory

Assessment date	Work activity and reason for surveillance	Sample taken	Results of laboratory analyses					Clinical notes and assessment, including review of Medical History, details of certification of unfitness/fitness for work involving exposure to lead or other action	Other action	Date for next review	Blood-lead range code-see footnote overleaf
			Blood lead (µg/dl)	Haemoglobin	Urinary lead (units to be specified)	ZPP	Other analyses (units and type to be specified)				
		Blood									
		Urine									
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**Footnote:** Blood-lead (µg/dl) range codes:

- A under 30
- B ≥30 <40
- C ≥40 <50
- D ≥50 <60
- E 60 and over