**ANNUAL SCREENING QUESTIONNAIRE FOR WORKERS USING HAND-HELD VIBRATING TOOLS, HAND-GUIDED VIBRATING MACHINES AND HAND-FED VIBRATING MACHINES**

Date:.........................................................................................................................

Employee name:........................................................................................................

Occupation:...............................................................................................................

Address:.....................................................................................................................

Date of birth:..............................................................................................................

National Insurance no:...............................................................................................

Employer name:........................................................................................................

Date of previous screening:........................................................................................

**Have you been using hand-held vibrating tools, machines or**

**hand-fed processes in your job, or if this is a review, since your last assessment?**

(detail work history overleaf)

If NO or more than 2 years since last exposure please return the form - there is no need to answer further questions.

**If YES:**

1 Do you have any numbness or tingling of the fingers lasting more than

20 minutes after using vibrating equipment?

2 Do you have numbness or tingling of the fingers at any other time?

3 Do you wake at night with pain, tingling, or numbness in your hand

or wrist?

4 Have any of your fingers gone white\* on cold exposure?

*\* Whiteness means a clear discoloration of the fingers with a sharp edge, usually followed by a red flush.*

*Blanching*



5 Have you noticed any change in your response to your tolerance *Y/N*

of working outdoors in the cold?

6 Are you experiencing any other problems in your hands or arms? *Y/N*

7 Do you have difficulty picking up very small objects, eg screws

or buttons or opening tight jars? *Y/N*

8 Has anything changed about your health since the last assessment ? *Y/N*

**I certify that all the answers given above are true to the best of my knowledge and belief.**

**Signed: Date:**

**RETURN TO:**

**Hand-arm vibration syndrome (HAVS):**

* **is a disorder which affects the blood vessels, nerves, muscles and joints of the hand, wrist and arm;**
* **can become severely disabling if ignored; and**
* **its best known form is vibration white finger (VWF) which can be triggered by cold or wet weather and can cause severe pain in the affected fingers.**

**Signs to look out for in hand-arm vibration syndrome:**

* **tingling and numbness in the fingers;**
* **in the cold and wet, fingers go white, then blue, then red and are painful;**
* **you can’t feel things with your fingers;**
* **pain, tingling or numbness in your hands, wrists and arms;**
* **loss of strength in hands.**

**OCCUPATIONAL HISTORY**

**Dates Job Title**

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