

THE HIGHLAND COUNCIL
CONFIDENTIAL MEDICAL ASSESSMENT OF
HAND-ARM VIBRATION

Please complete the following form and return it in the envelope provided. The information will be treated as confidential and will be seen only by the Occupational Health Adviser. Thank you.

NAME	
ADDRESS	
PAYROLL NUMBER	
DATE OF BIRTH	
OCCUPATION	
SERVICE/DEPOT	
G.P NAME & ADDRESS	

SECTION A – OCCUPATIONAL HISTORY

When did you start working for the Highland Council?	
Please list your occupations over the last ten years if other than the Highland Council	

Please describe the type of powered plant used during your working hours	
--	--

SECTION B - HAND SYMPTOMS Please delete as appropriate.

Have you ever suffered from your fingers going white when working in cold weather?	• <i>YES/NO</i>
When did you first notice this?	
Does it occur in the Winter only?	• <i>YES/NO</i>
Which fingers are affected? Please shade the affected area on the hands below.	•



LEFT HAND



RIGHT HAND

Do you suffer from tingling of the fingers when working?	• <i>YES/NO</i>
When did you first notice this ?	
Which fingers are affected? Please shade the affected area on the hands below.	



LEFT HAND



RIGHT HAND

Do you have any difficulty using the muscles and joints in your fingers and hands ?	• <i>YES/NO</i>
Do you have an existing medical condition which affects your hands and/or arms? If 'yes' please state	• <i>YES/NO</i>

SECTION C – RECREATION

Do you have any hobbies? If 'yes' please list.	• <i>YES/NO</i>
Do you smoke? If 'yes' please state how many per day	• <i>YES/NO</i>
Do you drink alcohol? If 'yes' how many units per week 1/2 pint = 1unit 1 dram = 1unit 1 glass wine = 1unit	• <i>YES/NO</i>

SECTION D – MEDICAL HISTORY

Have you ever suffered from any illness or disease? If 'yes' please state	• <i>YES/NO</i>
Are you currently taking any medication? If 'yes' please list	• <i>YES/NO</i>

Employee

Signature.....Date.....