



hands on Occupational Health

Name		Date of Birth	
Address		Is this your first HAVs assessment?	
Job Title		If no- when was your last assessment?	

**Occupational History-** please give an outline of your work history. This is very important .

Employer	Exposed to vibration? <b>Yes/No</b>	Dates

IF you answer YES to any questions please add further comments;

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 on the next page)	YES / NO
<b>If NO, or more than 2 years since last exposure please return the form, there is no need to answer further questions. If YES, please answer the questions below:</b>	
Have your fingers gone white* on exposure to cold or at any other times? * <i>Whiteness means a clear discoloration if the fingers with a sharp edge, usually followed by a red flush.</i>	YES / NO
If Yes, do you have any difficulty in rewarming them even when leaving the cold?	YES / NO
Have you noticed any change in your response to your tolerance of working outdoors in the cold?	YES / NO
Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	YES / NO
Have you had any numbness or tingling of the fingers at any other times?	YES / NO
Do you wake at night with pain, tingling or numbness in your hands or wrists?	YES / NO

Continued.....

Are you experiencing any other problems with the muscles or joints of the hands or arms? (e.g. swelling, pain, stiffness etc)	YES / NO
Do you have any difficulty picking up very small objects, such as paperclips, bolts or doing up your shirt?	YES / NO
If you answered YES to any of the above, do any symptoms affect your work or leisure activities?	YES / NO
Are you on long-term medication?	YES / NO
Have you been diagnosed with carpel tunnel syndrome?	YES / NO
Have you been diagnosed with Raynaud s disease?	YES / NO
Has anything changed about your health since your last assessment?	YES / NO

The information above is true to the best of my knowledge, I understand that advice will be given to my employer on my fitness to continue in a role working with respiratory sensitisers/irritants.

Signed.....Print Name.....Date.....

### Hand Arm Vibration Syndrome:

Is a disorder which affects the blood vessels, nerves, muscles and joints of the hands, wrists and arms.

It can be disabling if ignored.

Is best known as Vibration White Finger (VWF) which can be triggered by cold or wet weather and causes severe pain in the affected fingers.

### Signs to look out for in HAVs

- Tingling and numbness of the fingers
- In the cold 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.

If you experience any of these symptoms please advise your line manager as soon as you notice them.