

Name		Date of Birth	
Address		Job Title	

	Yes	No
1. Do you have any history of skin problems?		
If Yes, give details		
2. In the last 12 months have you had any of the following symptoms:		
Redness and swelling of the fingers?		
Itching or cracking of skin on fingers or hands?		
Blisters on fingers or hands?		
Flaking or scaling of skin on fingers or hands?		
Spots, redness, swelling of any other part of body?		
3. If Yes, did these symptoms:		
Last for more than three weeks?		
Occur more than once?		
Get better with periods away from work?		
4. Have you or do you:		
Noticed any skin problems associated with the use of products such as soap, washing up liquid etc?		
Seen your doctor/pharmacist in regard to skin problems?		
Had to have time off work because of skin problems?		
Have a known sensitivity, allergy to any products?		
Handle chemicals, solvents, etc. elsewhere?		
Have any hobbies that involve handling chemicals?		
If Yes, give details		

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 skin sensitisers/irritants.

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