



HAND ARM VIBRATION ASSESSMENT QUESTIONNAIRE

Please complete and bring this questionnaire with you to your appointment:

Surname: Frist Name Company:

HAVS Screen date: Date of Birth: Male / Female:

Job Title: Date commenced current job?

What was your previous occupation?

Name of previous employer(s)

CURRENT WORK

Describe your job and its different tasks

Write below each Power Driven tool you use:

List All Equipment Used	Use of each tool in Tick	Minutes or Hours per Day
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

MEDICAL HISTORY

Are you a smoker Are you a non-smoker Are you a ex-smoker

If an ex-smoker, when did you stop?

Have you ever had a neck/arm/hand injury or operation? Yes No

If so what and when?

Are there any residual symptoms or deformities? Yes No

Have you ever had any serious disease of the:

Joints Yes No

Skin Yes No

Nerves Yes No

Heart/blood vessels Yes No

Other Yes No

If so give details:

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Are you on any long-term medication or treatment for any condition? Yes No

If so what and when?

HAND SYMPTOMS

Have you every suffered from your fingers going white on exposure to cold? Yes No

If yes, is it continuous episodic When did you first notice this?

If you suffer now, how often does it occur?

Several times a year? Yes No

Several times a month? Yes No

Several times a day? Yes No

Every day? Yes No

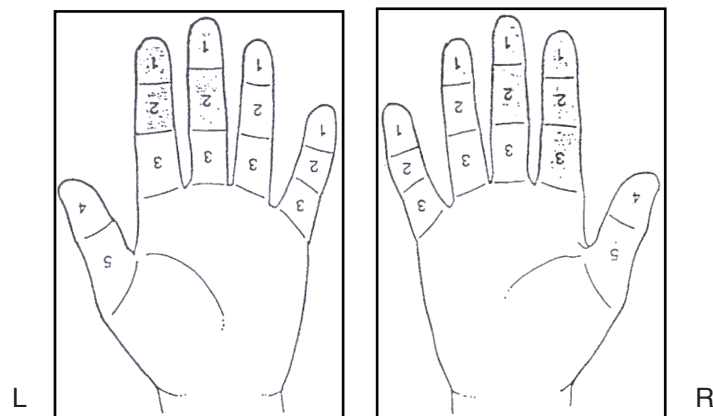
Does it occur in winter only? Yes No

Winter and Summer? Yes No

State most common circumstances:

When did you first notice this?

Which fingers are affected?



Are you right handed or left handed?

left handed? righth handed? Leading hand: Right Left

Which hand do you notice vibration most? Right Left

NUMBNESS

Do your fingers go numb?

Whilst working Yes No

In response to cold? Yes No

With blanching? Yes No

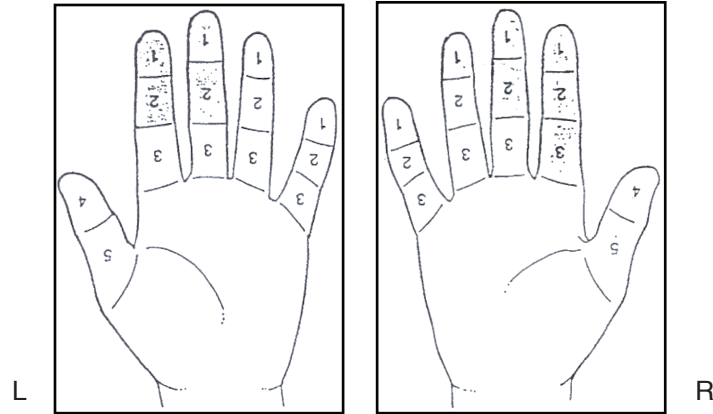
At other times? Yes No

If at other times what circumstances?

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BLANCHING

Which fingers are affected?



Blanching reported Blanching witnessed

LEFT HAND

Digit	Th	1	3	4	5
Total					

RIGHT HAND

Digit	Th	1	3	4	5
Total					

TINGLING (excluding transient tingling after using a vibrating tool)

Do you have tingling in the fingers?

Whilst working Yes No

In response to cold? Yes No

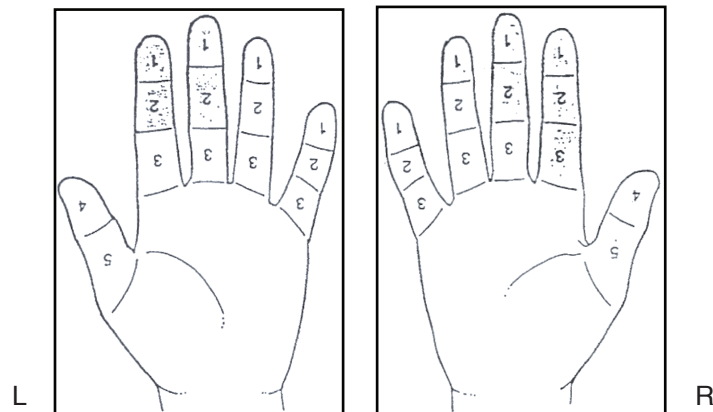
Do you get pain when your fingers warm up again? Yes No

If yes, how long does it take for this pain to settle down?

At other times?

When did you first notice this?

Which fingers are affected?



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MUSCULOSKELETAL

Are you experiencing any other problems with the muscles or joints of your hands/arms? Yes No

Pain Yes No
 Swelling Yes No
 Stiffness Yes No
 Weakness Yes No

If yes, give details:

Do you have any difficulty with fine movement of your fingers? Yes No

If yes, is it continuous episodic

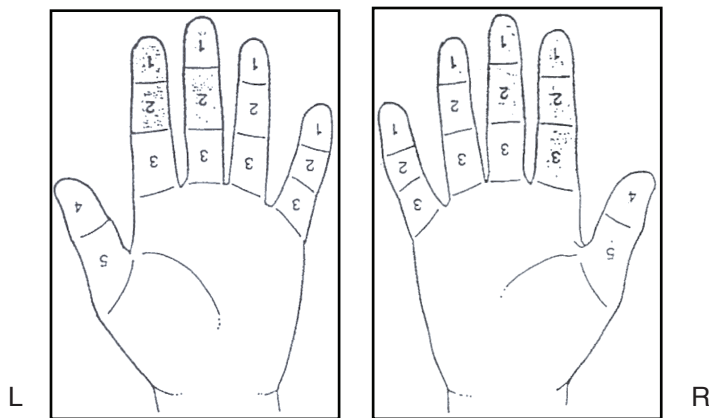
Do any of these symptoms (blanching, tingling or numbness) affect your work or leisure activities? Yes No

MEDICAL EXAMINATION

Opinion of atmospheric temperature: hot/warm/cool/cold wet/dry weather

Appearance of hands

Note any signs of vascular disease, deformity, scars, calluses or muscle wasting



Describe any abnormality of neck or upper limbs

CIRCULATION, PULSE, BLOOD PRESSURE

BP	
Lying	
Sitting	

	rate		present	absent		present	absent
Radial pulse		Right			Left		
Ulnar pulse		Right			Left		



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NERVOUS SYSTEM

		Normal	Abnormal		Normal	Abnormal
Light Touch	Right			Left		
Pin Prick	Right			Left		
Manual Dexterity	Right			Left		

Neurological defect can be recorded on above diagram.

Employee Declaration

I consent to undertaking a Hand Arm Vibration Assessment Examination and a standard pro-forma being provided to management confirming the results of this examination.

Additional consent will be obtained should any result of this examination need to be discussed with Management.

By ticking this box you are signing an agreement to the following statements:
I declare that all the foregoing statements are complete and true to the best of my knowledge.

Signature: _____

Date: _____

HAVS RESULTS

Fit for work with exposure to hand-transmitted vibration: Yes No

Comments:

Date or Interval for Next HAVS review:

Refer to OHP - Yes/No Date referred _____ Date seen _____

Signature _____ Occupational Health Practitioner

Name (print) _____ Date _____