OpusHealth

SKIN QUESTIONNAIRE

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

Surname:	First Name	Date of Skin Assessment:

Company:	Date employment started:	Job Title:

Address:	What does your job involve:

Contact Telephone Number:	Date of Birth:

OCCUPATIONAL HISTORY

DETAILS HERE PLEASE

List companies previously worked for and type of work involved	
Describe your present work activities	
Give details of materials/substances that you work with	
Give details of hobbies	
Give details of any known allergies	
Do you have a history of skin problems Yes ☐ No ☐ If yes please give details	
What Personal Protective Equipment & Clothing do you currently use?	
Do you use barrier cream? Yes ☐ No ☐ Name of Barrier cream	

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HEALTH ASSESSMENT

In the last 6 months have you had any of the following symptoms?

			DETAILS HERE PLEASE
a) Redness and swelling of fingers and hands?	Yes ☐	No ☐	
b) Cracking or splitting of skin on fingers or hands?	Yes ☐	No ☐	
c) Blisters on fingers or hands?	Yes ☐	No ☐	
d) Flaking or scaling of skin on fingers or hands	Yes ☐	No ☐	
e) Itching of fingers or hands	Yes ☐	No ☐	
f) Redness or Itchiness of any other part of your skin	Yes ☐	No ☐	
Did these problems last for more than 3 weeks?	Yes ☐	No ☐	
Did these problems occur more than once?	Yes ☐	No ☐	
Does your skin get better with periods off work?	Yes ☐	No ☐	
Have you lost time from work with skin problems?	Yes ☐	No ☐	
Are you currently taking any medication? (Including therapeutic skin creams)	Yes ☐	No ☐	

If you are having symptoms, do you think you know what causes the problem? If so what?

Name the substance/material/contact you think may be responsible

Employee Declaration

I consent to undertaking a Skin Surveillance 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:**