



SKIN QUESTIONNAIRE

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

Surname:	First Name	Date of Skin Assessment:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company:	Date employment started:	Job Title:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	What does your job involve:	
<input type="text"/>	<input type="text"/>	
Contact Telephone Number:	Date of Birth:	
<input type="text"/>	<input type="text"/>	

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:
