


Hand Arm Vibration Assessment Initial / Baseline Questionnaire (Tier 1)

Name	
Date of Birth	
Contact Phone Number	
Job Title	
Employer	

Have you ever used hand held vibrating tools, machines or hand feed processes in your job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If Yes:</p> <p>Note first year of exposure</p> <p>Please estimate the average daily/weekly exposure to HAV at work (in hours)</p> <p>When was the last time you used vibrating tools?</p>	

Section A – Hand Symptoms		Yes	No
1	Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	<input type="checkbox"/> #	<input type="checkbox"/>
2	Do one or more of your fingers go numb for more than 20 minutes after using vibrating equipment?		
3	Do you have tingling or numbness of the fingers at any other time?	<input type="checkbox"/> #	<input type="checkbox"/>
4	Do you wake at night with pain, tingling, or numbness in your hand or wrist?	<input type="checkbox"/> #	<input type="checkbox"/>
5	<p>Have your fingers gone white* on cold exposure?</p> <p>* Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush (see photograph)</p> 	<input type="checkbox"/> #	<input type="checkbox"/>
	If Yes , do you have difficulty re-warming them when leaving the cold?	<input type="checkbox"/> #	<input type="checkbox"/>
6	Do your fingers go white at any other time?	<input type="checkbox"/> #	<input type="checkbox"/>
7	<p>Are you experiencing any other problems with the muscles or joints of the hands or arms?</p> <p>If yes, please give details:</p>	<input type="checkbox"/> #	<input type="checkbox"/>
8	Do you have difficulty picking up very small objects e.g. screws or buttons or opening tight jars?	<input type="checkbox"/> #	<input type="checkbox"/>

symptoms which suggest that HAVS syndrome may be present and further assessment may be required

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Section B – Medical History		Yes	No
1	Have you ever had a neck, arm or hand injury or operation? If yes , please give details:	<input type="checkbox"/>	<input type="checkbox"/>
2	Are there any residual symptoms or deformities? If yes , please give details:	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels? If yes , please give details:	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you any long-term medication? If yes, please give details:	<input type="checkbox"/>	<input type="checkbox"/>

Section C – Social History / Leisure Pursuits		Yes	No
1	Do any members of your immediate family suffer white finger If yes , please give details:	<input type="checkbox"/>	<input type="checkbox"/>
2	Do any hobbies expose you to hand or arm vibration? If yes , please give details:	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you drink alcohol? If yes, how many units per week?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you a: <input type="checkbox"/> Smoker (a) <input type="checkbox"/> Ex-Smoker (b) <input type="checkbox"/> Non-Smoker (a) When did you start smoking? (b) When did you stop smoking?		

Section D – Occupational History with Current Employer	
Job Title	Dates

Section E – Previous Employment with Vibration Tools	
Employer	Dates

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Declaration

Data Protection Act 2018 & General Data Protection Regulation (EU) 2016

Once completed, the information contained within this form is classed as special category or sensitive data. This information is required as part of your employment.

Iqarus will store all medical information obtained within its secure medical management system, and it will only be accessed and processed by those staff that have explicit and reasonable need to do so. The information will be retained in accordance with Iqarus's retention policy and where applicable statutory requirements. The information within will not be transferred out of the United Kingdom.

We will not routinely share this information; however, we may need on occasion to discuss the results with another occupational health professional. Additionally, we may pass relevant information to your GP, this however, will only be done with your written consent. Your employer will receive the outcome (certificate) of your assessment.

Further information regarding Data Protection and individual rights, can be found within the Iqarus privacy policy located on our website www.iqarus.com or through our data protection officer at dpo@iqarus.com

What is Hand Arm Vibration Syndrome (HAVS)?

- A disorder which affects the blood vessels, nerves, muscles and joints of the hand, wrist and arm
- It can become severely disabling if ignored
- Its best-known form is Vibration White Finger (VWF) which can be triggered by cold or wet weather and can cause severe pain in the effected fingers.

Signs to look out for in Hand Arm Vibration Syndrome:

- Tingling and numbness in your fingers in cold and wet
- 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 your hands

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Clinical Notes	
Next review date and at what Tier:	
Additional notes:	
Clinician Signature:	Date:
Print Name:	