**Occupational Health Latex Surveillance Questionnaire -**

**For staff known to be latex allergic who should avoid latex products.**

Annual Health surveillance is required under the Control of Substances Hazardous to Health (COSHH) regulations 2002 for all staff who use latex products at work. According to our records in Occupational Health you have been identified as experiencing health problems associated with latex use. Even if you are avoiding latex it is important we monitor your health regularly to ensure your symptoms remain controlled. This questionnaire is designed to identify ongoing symptoms that may be associated with latex allergy. Please return the completed questionnaire to the OH helpline (add-tr.ohhelpline@nhs.net) or Box 172. You may be invited for a further clinical assessment. Your manager will be advised of the result of your health surveillance and if you require additional work restrictions.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date Of Birth |  |
| Job |  | Department |  |
| NI number |  |  | Yes (*please ✓*) | No (*please ✓*) |
| 1. | Have you been diagnosed with Latex allergy by a doctor? |  |  |
| 2. | Are you able to avoid latex in your work? |  |  |
| 3. | In the last 12 months have you experienced facial swelling, hives, recurrent blocked or runny nose, eye irritation or difficulty in breathing when working or exposed to latex? |  |  |
| 4.  | In the last 12 months have you had any symptoms of asthma? (e.g. persistent cough, wheeze, breathlessness) |  |  |
| 5.  | In the past 12 months have you had any symptoms of dermatitis/ eczema on the hands or forearms? |  |  |
| 6.  | If the answer is ‘Yes’ to questions 4 or 5: Are your symptoms exacerbated/ made worse by work? If unsure state yes.  |  |  |
| 7. | Have you seen your doctor about allergy symptoms, eczema or asthma symptoms in the 12 months?  |  |  |
| 8.  | Do you have any concerns about your latex allergy and how latex is controlled in your work area? |  |  |

**Signed:** ………………………………………….**Date:**  …………………… **Telephone No./Ext**:………..

**Managers Name**: ……………………………………………………..**Box Number**: ……………………………

Please return this questionnaire to **Occupational Health, Box 172**

***Note:*** *Should you develop symptoms you believe are associated with your latex allergy between health surveillance questionnaires please notify your manager and Occupational Health immediately.*

**OHA Use:**

- No symptoms – File (keep for 40 years) □

- Symptoms – Appointment in Starter Clinic for health surveillance □

* + Fitness Certificate sent to manager? □
	+ Standard Surveillance? □
	+ Enhanced Surveillance? □
	+ Additional Restrictions Recommended? □

**OHA Signature:** …………………………… **Name:** ……………………………………………………..