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| University of Glasgow logo | Health Surveillance Request Form | | | | |
| This form **must** be completed by the Head of School / Institute / Service **or** the Direct Line Manager / Principal Investigator for all staff or students working in areas (or performing tasks) that have been identified as high risk who may require ongoing health surveillance.  **Note: Health surveillance request forms must be accompanied by a fully completed health surveillance risk form covering the activity or undertaking for which health surveillance is required.** | | | | | |
| **Details of the individual for whom Occupational Health Surveillance is requested** | | | | | |
| **Full Name** | |  | | | |
| **Date of Birth** | |  | | | |
| **Job Title / Student Status** | |  | | | |
| **Staff / Student Number** | |  | | | |
| **School / Institute / Service** | |  | | | |
| **Location** | |  | | | |
| **Contact Telephone Number** | |  | | | |
| **Contact E-mail Address** | |  | | | |
| **Type of Hazard requiring Occupational Health Surveillance** | | | | | |
| **Contact with human blood or bodily fluids, other unfixed human tissue or biological agents (e.g. bacteria, viruses etc.) which could cause adverse health effects** | | | | **Yes** | **No** |
| **Regular exposure to respiratory irritants and sensitisers (e.g. certain dusts, fumes and chemicals) or significant contact with animals including cages and bedding** | | | | **Yes** | **No** |
| **Significant exposure to skin irritants or sensitising substances (including wet workers and regular, prolonged glove users)** | | | | **Yes** | **No** |
| **Noise (regular exposure above the upper exposure action level or individual at increased risk of hearing damage from exposure to noise)** | | | | **Yes** | **No** |
| **Hand Arm Vibration (HAV) or Whole Body Vibration (WBV) exceeding the daily exposure action values averaged over an 8h period (2.5m/s2 HAV / 0.5m/s2 WBV)** | | | | **Yes** | **No** |
| **Other (please specify)** | | | | **Yes** | **No** |
| **Please give details:** | | | | | |
| **Risk Assessment Completion** | | | | | |
| **Completed by (DoI/HoS/Line Manager/PI/other):** | | |  | | |
| **Signature** | | |  | | |
| **Date of Request** | | |  | | |
| **Contact Telephone Number** | | |  | | |
| **Contact E-mail Address** | | |  | | |

**Completed forms (and risk assessments) should be returned to: Occupational Health Unit**

**63 Oakfield Avenue**

**Glasgow, G12 8LP**

**Telephone: 0141 3307171**

**E-Mail: ohu@admin.gla.ac.uk**