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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**