

**GB13 Health surveillance record**

Company name		Project title					
Location		Contract no.					
Name of employee							
Employment start date		Employment end date					
Record of work or tasks carried out to date requiring health surveillance							
Health surveillance results							
Type of surveillance and reasons for completion	Date surveillance completed <i>(initial or periodic)</i>	Name of person completing surveillance	Comments	Outcome <i>(fit, not fit or fit with restrictions)</i>	Review date		
Name		Position		Signature		Date	