

## GB04 Lead health surveillance record

Recorded details of any employee under medical surveillance as a result of exposure to lead.

Employee's details			
Surname		Maiden name <i>(if applicable)</i>	
Forenames		Gender	
Permanent address			
Date of birth		Place of birth	
National Insurance no.		NHS no. <i>(if available)</i>	
Doctor's (GP) details			
Name			
Address			
Telephone no.			
Employer's details			
Name			
Address			
Telephone number		Email	
Standard Industrial Classification (SIC no.)			
Employment details			
Years exposed to lead before starting in current employment			
Date of first exposure to lead in current employment <i>(day/month/year)</i>			
Date of end of exposure to lead in current employment <i>(day/month/year)</i>			
Additional information			
The reason for medical surveillance			
The dates of initial and periodic medical surveillance			
The results of clinical assessments			
The results of measuring blood-lead concentrations and of any other biological tests in enough detail to allow adverse trends to be identified			
Action taken and required suspension period(s) from work involving lead.			