HEALTH AND WELFARE



GB05 Initial hand-arm vibration screening questionnaire

Medical in confidence - when completed

Initial screening questionnaire for workers using hand-held vibrating tools, hand-guided vibrating machines and hand-fed vibrating machines.

Company name		Project title						
Location		Contract no.						
Date								
Employee name								
Occupation								
Address								
Date of birth								
Employer name								
1. Have you ever job?	used hand-held vibrating tools, machines	or hand-fed proces	ses in your	Yes	No			
If 'Yes':								
	ear of first exposure was the last time you used them?							
	work history overleaf)							
	s tingle for more than 20 minutes after us	ing vibrating equip	ment?	Yes	No			
3. Do your fingers tingle at any other time?				Yes	No			
4. Do you wake at night with pain, tingling or numbness in your hand or wrist?				Yes	No			
5. Are one or more of your fingers numb for more than 20 minutes after using vibrating equipment?				Yes	No			
6. Have your fingers gone white* on cold exposure?					No			
If 'Yes', do you have difficulty warming them up again when leaving the cold?					No			
7. Do your fingers go white at any other time?					No			
Are you experiencing any other problems with the muscles or joints of your hands or arms?					No			
9. Do you have difficulty picking up small objects (for example, screws or buttons) or opening tight jars?					No			
10. Have you ever had a neck, arm or hand injury or operation? If 'Yes' give details below					No			
11. Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels? If 'Yes' give details below					No			
12. Are you on any long-term medication? If 'Yes' give details below					No			
* Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush								





GB05 Initial hand-arm vibration screening questionnaire continued

Occupational history										
Dates		Job titl	Job title							
I certify that all the answers given are true to the best of my knowledge and belief.										
Name		Position		Signature		Date				
Return in confidence to (prepopulate (below) the name of a responsible person identified within the company to handle questionnaires and any referrals)										

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