

GB04 Lead health surveillance record

Recorded details of an employee under medical surveillance as a result of exposure to lead (Regulation 10 Control of Lead at Work Regulations).

| 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. | | Fax no. <i>(if any)</i> | |
| 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. | | | |