GB13 Health surveillance record

Company name		**Project title**	
Location		**Contract no.**	
Name of employee		**National insurance no.**	
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** *(initial or periodic)*	**Name of person completing surveillance**	**Comments**	**Outcome** *(fit, not fit or fit with restrictions)*	**Review date**

Name		**Position**		**Signature**		**Date**	

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