

HM 11: Biological agents & Genetic Modification Questionnaire Form – University of Sheffield

Section A: To be completed by Project Supervisor:

Project Supervisor Name:	
Faculty:	
Department:	

The COSHH Regulations require that individuals working with certain higher risk biological agents – Hazard Group 2-4 and genetically modified activity classes 2-4, are kept under health surveillance. This will mainly consist of a simple paper health screening form completed prior to starting work to identify anyone who may be at increased risk of infection and maintaining a record of a person's involvement in such work. If there is further health surveillance required during work this will be specified in the project risk assessment.

Please detail the substances to which the employee may be exposed to as part of this project.

Pathogens:

Hazard group of pathogens:

GM strain:

Class of GM strain:

Please provide a brief description of the project:

Please tick if the employees work will involve working with any of the following.

Viruses Laboratory Animals Human Tissue (inc. blood or serum) Fieldwork Overseas

What level of risk is your project at regarding exposure to Hepatitis B

High Medium Low

Section B: To be completed by employee prior to Submission

Employee Name:

Date of Birth:

Position:

Department:

Tel No:

Mobile no:

	Email:
Home Address:	
GP Details:	

Respiratory		
Please tick the following boxes, if 'yes' is answered to any questions, please give details:		
Do you have or have you suffered with any of these symptoms in the past year?	Details:	
Breathlessness <input type="checkbox"/> Yes <input type="checkbox"/> No		
Asthma, Bronchitis, Cough <input type="checkbox"/> Yes <input type="checkbox"/> No		
Early morning cough, Phlegm production <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wheezing, shortness of breath or chest tightness <input type="checkbox"/> Yes <input type="checkbox"/> No		
Irritation or soreness of the throat <input type="checkbox"/> Yes <input type="checkbox"/> No		
Red, sore, watery or itchy eyes <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stuffy nose, nasal catarrh or Bouts of sneezing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you allergic to any of the following:	Details:	
Any medication <input type="checkbox"/> Yes <input type="checkbox"/> No		
Household dust <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tree or grass pollen <input type="checkbox"/> Yes <input type="checkbox"/> No		
Household products <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any substance that you are exposed to at work <input type="checkbox"/> Yes <input type="checkbox"/> No		
Foodstuffs <input type="checkbox"/> Yes <input type="checkbox"/> No		
Animal fur or feathers <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Information		
Do you have or have you suffered from any of the following?	Details:	
Have you suffered from any bone marrow disorder or any form of cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you had your spleen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been treated with steroids in the past 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have eczema, psoriasis or any other skin disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your family have any skin condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any chronic lung or heart disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other health condition that may affect your resistance to infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a history of immune-deficiency or susceptibility to infection in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you take any medicines (inc. non-prescription drugs) regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a fit or blackouts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any physical impairment that may affect your ability to work safely in a laboratory e.g. restricted mobility, impaired hearing, co-ordination or dexterity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you pregnant or considering pregnancy during the duration of this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you been vaccinated against Hepatitis B? If yes please provide details below		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date 1:	Date 2:	Date 3:
Antibody Level Result:	Have you undertaken GM work in the past? If yes, please provide details:	Details:

If you have ticked yes to the above, please can you send in vaccination/immunisation certificates that support the details provided?

Declaration
<p>I declare that all foregoing statements are true to the best of my knowledge. I further declare that I have not omitted or falsified any material facts or details, which could have a bearing on my state of health. I am aware to notify my Manager/Supervisor should:</p> <ul style="list-style-type: none"> You develop any symptoms You are involved in any incident where you may be accidentally exposed to the pathogens you work with You develop symptoms that may be caused by exposure to the pathogens You develop any health condition which may increase your risk of infection if exposed <p>I consent to the results of the assessment to be processed and the results provided to my employer to help safeguard my health, safety and welfare</p>

In signing this form, I confirm my explicit consent within the meaning set out in the Data Protection Act (1998) for Health Management Limited to process my personal information.

Signed _____ Date _____

Please scan and email this form to North.02@healthmanltd.com for assessment.

Please note 'fit' certificates will be sent to occupationalhealth@sheffield.ac.uk, so that employees can be added to the Biosafety database cc' in the relevant Departmental Safety Officer.