UNIVERSITY OF CAMBRIDGE

Departmental Annual Latex Health Surveillance Questionnaire

Natural rubber latex (NRL) gloves have been known to cause health effects in the form of asthma and/or dermatitis. Following a departmental risk assessment, initial and periodic (annual) health surveillance is required under Regulation 6 of the Control of Substances hazardous to Health (COSHH) Regulation 2002 for all staff who use latex products at work. This questionnaire includes general questions related to exposure and symptoms. It will be initially screened by the Department Safety Office (DSO) within your department and a copy kept in your personal file. If you report symptoms you may be referred to Occupational Health for an assessment and advice. This questionnaire should be completed having read the information leaflet about skin care: http://www.oh.admin.cam.ac.uk/leaflets/information-staff-skin-care

The information that you supply on this questionnaire will be held in confidence by your department as part of your personal file and used as described above. For full details of how your personal information is used by the University of Cambridge, please see https://www.hr.admin.cam.ac.uk/hr-staff/hr-data/how-we-handle-your-personal-data (for staff and visitors) or https://www.information-compliance.admin.cam.ac.uk/data-protection/studentl-data (for students).

Please complete Part 1 and then pass this to your DSO who will complete Part 2

Part 1:

Surname:	Mr / Mrs / Miss / Ms / Dr / Prof / Other:
First names:	Date of Birth:
Status:	Research staff / Technical staff / Undergraduate / Postgraduate / Academic Visitor / Other
Job title:	Supervisor:
Department:	Work tel:
Mobile:	Email:

a) Respiratory Symptoms

Since your last questionnaire, have you had any of the following symptoms either at work or at home? (Do not include isolated colds, sore throats and 'flu')	Yes	No
o Recurring soreness of or watering of the eyes	☐	☐
o Recurrent blocked or running nose	☐	☐
o Bouts of coughing or bouts of sneezing	☐	☐
o Chest tightness	☐	☐
o Wheeze	☐	☐
o Shortness of breath or difficulty in breathing	☐	☐
Have you consulted your doctor about chest problems in the last 12 months?	☐	☐

b) Skin Symptoms

Since your last questionnaire, have you experienced any of the following on your fingers or hands?	Yes	No
o Redness, itching and/or burning (tingling) sensation	☐	☐
o Rash or spots (Hives)	☐	☐
o Blisters	☐	☐
o Flaking or scaling of the skin	☐	☐
o Cracks or splitting of the skin	☐	☐
o Symptoms of dermatitis / eczema on your hands or forearms?	☐	☐
o If you have any of these symptoms do they tend to subside in periods where you have not worn gloves?	☐	☐
Have you consulted your doctor about skin or allergy symptoms in the last 12 months?	☐	☐
If yes to the last question, have you been diagnosed with a latex allergy by a doctor?	☐	☐

c) Other	**Yes**	**No**
If you have answered **Yes** to any of the questions in **a)** and/or **b)**, are your symptoms exacerbated or made worse by your work activities / environment?	☐	☐

Please describe:

d) Do you have any food allergies?

If yes, are you allergic to any of the following foods:

o Banana	☐	☐
o Melon	☐	☐
o Avocado	☐	☐
o Kiwi fruit	☐	☐
o Chestnut	☐	☐
o Other (details)	☐	☐

Declaration

I certify that my answers given above are true to the best of my knowledge and belief.

Signed: ..... Date: .....

Part 2:

To be completed by the DSO within the department:

Skin leaflet given ☐ Questionnaire complete ☐

Outcome

- o No symptoms – file copy in personnel file (keep for 40 years) – for annual review but advise individual to report any adverse symptoms in the meantime
- o Symptoms – contact / refer to occupational health for further assessment and advice.

The completed questionnaire is to be retained in the department to form part of the COSHH health records.

Date of next health surveillance:…….

Signed: ..... Date: .....

Print Name .....