

TO:

Risk Exposure Profile

Date: _____

In order to provide you with the most accurate and cost effective medical assessments we require more detail regarding the risks that your employees are exposed to at work. Complete a separate form for different groups of employees exposed to the same risks.

Complete the list below regarding the occupational risk exposure. Mark with an X where applicable.

Physical Hazards:

- Noise 85-105dB
- Noise > 105dB
- Radiation (Ionising)
 - X-rays
 - Other _____
- Radiation (non-Ionising)
 - UV e.g. Sun/Welding
 - Infrared
 - Electromagnetic Fields
 - Other _____
- Extreme Heat
- Extreme Cold
- Vibration
- Other _____

Chemical Hazards:

- Dust
 - Grain
 - Wood
 - Silica
 - Coal
 - Other _____
- Fumes
 - Welding*
 - Other _____
- Solvents*
- Pesticides*
- Other _____

Biological Hazards:

- Airborne TB
- HIV/Hepatitis B
- Snakes
- Spiders
- Other _____

Psychosocial Hazards:

- Shift Work
- Night Duty
- Other _____

Specific Tasks/Activities:

- Driver
- Driven Machinery e.g. Forklift
- First Aider
- Fire Team
- Food Handler
- Spray-painter
- Heights
- Confined Spaces
- Other _____

Medical surveillance already done:

- Audiometry**
- Vision**
- Spirometry**
- Blood Test**
- Urine**
- X-rays**
- Other _____ **

Specific Tests Required:

- Physical Examination
 Audiometry (Hearing)
 Chest X-ray
 Lung Function
 Psychological
 Blood/Urine: _____
 Visual Acuity/Colour Vision
 Other _____

* Provide MSDS ** Provide previous results

Please ensure that **ALL** employees bring **ALL** their chronic medication and medical information with them to the consultation.

Employer's Signature