



NHS Tayside Statutory Skin Health Surveillance Record (Page 1)

Student Name:	DOB:
	Matriculation No:
Current Home Address:	
Contact Number:	
Email Address:	
Year Group:	Tutor Group:
Date commenced training:	

Gloves/substances that you use, or might be exposed to in the workplace (tick all that apply)	
	List Products
Latex gloves or other latex products	<input type="checkbox"/>
Non-latex gloves (please state type)	<input type="checkbox"/>
Skin washes (please state type)	<input type="checkbox"/>
Alcohol gel	<input type="checkbox"/>
Other substances e.g. detergents/disinfectants, machine oils etc	<input type="checkbox"/>
Frequency of hand washing during a typical shift e.g. 10x, 20x, 30x. 40x (please circle)	

1. Is this your first skin surveillance since starting your training?	Yes / No If No please go to Q5
2. Are you or do you think you might be allergic to latex?	Yes / No
3. Are you or do you think you might be allergic to any non-latex gloves e.g. nitrile?	Yes / No
4. Did you have history of eczema and/or asthma prior to starting your training?	Yes / No
5. Was your last skin health training update over two years ago?	Yes / No
6. Have you experienced any skin symptoms affecting your hands / fore-arms, or other exposed area e.g. legs, neck, lips etc such as dry skin, redness, rash, itchiness, broken skin etc since your last assessment or since your first placement if this is your first?	Yes / No
7. Have you experienced any chest symptoms e.g. recurrent wheeze or cough, since your last assessment or since your first placement if this is your first?	Yes / No
8. Have you had any ongoing or recurrent eye irritation since your last assessment or since your first placement if this is your first?	Yes / No
9. Do you suspect any substance/material, when on placements, may have contributed to any ongoing/recurrent symptoms that you may have experienced? Please list them here:	Yes / No

Name (block capitals):

Signature:

Date:



NHS Tayside Statutory Skin Health Surveillance Record (Page 2)
 (Please ensure that Page 1 accompanies this form)

RESPONSIBLE PERSON to COMPLETE

A skin care leaflet will have been provided by the system to the Student which they can download/read.

Name of student (capitals):

Name of Responsible Person (capitals):

Signature of Responsible Person:

Date:

Email address:

Visual skin check result (please circle):

Satisfactory

Unsatisfactory

[use this space to indicate main findings e.g. redness/skin breaks/fingers affected etc]

(repeat skin check at least annually or more often if recently had skin problems, or on advice from Occupational Health)

If visual skin check is Unsatisfactory **OR** if student has given a **Yes** answer to any of questions **Qs 6 to 9**. If **Yes** to any of **Q2 to Q4** may need more frequent skin checks and avoid known allergens. If **Q5 is Yes** arrange to update their training if required.

Actions:

PLACEMENT MANAGER to COMPLETE IF REFERRING TO OCCUPATIONAL HEALTH

Name (of manager) in capitals:

Signature:

Date:

Email Address:

I wish to refer this student to OCCUPATIONAL HEALTH because:

(Please put a cross in appropriate box)

Skin check is unsatisfactory.

Skin check is unsatisfactory and the student has indicated known allergies, or is worried that a workplace substance has caused problems. **(Please enclose a copy of your COSHH assessment for that substance).**

Skin check is satisfactory, but student has a known or, suspected occupational allergy or remains concerned that they have problems with a workplace substance/material **(if you have already received advice about this from Occupational Health, you do not need to re-refer unless concerns remain).**