

Personal Health Record (Health Surveillance (HS) or Health Monitoring (HM)) – Refer to JSP 375 Vol 1 Chap 14 before completing.

No 'Medical in confidence' information is to be held on this form. If unsure if information is 'Medical in confidence' seek guidance from your Medical, Legal or Health and Safety Advisers. The [NHS Code of Practice for Confidentiality](#) provides further guidance. The data below is for the sole purpose of monitoring health risks and will be protected in accordance with DPA 18 and MOD policy.

Details of person receiving HS or HM						
Surname			Forename(s)		Service / Staff number	
Select as appropriate				Date of Birth (dd/mm/yy)	National Insurance Number	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>			
Rank / Grade			Defence email address		Defence telephone	
Employment details						
Navy, Army, RAF, Defence Organisation				Start date of present job (dd/mm/yy)	End date present job (dd/mm/yy)	
Work being conducted (continue on a separate sheet if necessary)						
Commander / manager responsible for work activity and Personal Health Record						
Forename/s		Surname		Rank /Grade	Service / staff number	
Defence email address		Defence telephone		Start date (dd/mm/yy)	End date (dd/mm/yy)	

HS or HM Requirement			
Self-Assessment Reference Number; if completed (Continue on a separate sheet if necessary)	Date conducted (dd/mm/yy)	Next Assessment Date (dd/mm/yy)	
Continue on a separate sheet if necessary			
Previous employment which required HS or HM	Hazards exposed to that required HS or HM		
		HS <input type="checkbox"/>	HM <input type="checkbox"/>
		HS <input type="checkbox"/>	HM <input type="checkbox"/>
		HS <input type="checkbox"/>	HM <input type="checkbox"/>
		HS <input type="checkbox"/>	HM <input type="checkbox"/>
		HS <input type="checkbox"/>	HM <input type="checkbox"/>
		HS <input type="checkbox"/>	HM <input type="checkbox"/>
Continue on a separate sheet if necessary			

Hazard requiring HS or HM						
Asbestos	Compressed Air	Ionising Radiation	Lead	Noise	Vibration (Hand Arm Vibration)	Vibration (Whole Body)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Of Substances Hazardous to Health * (Name hazard)			Other * (Name hazard)			
<p>* The hazards must be the same as those recorded on the Risk Assessment and specific (for example, hexavalent chromate dust not 'paint dust'). Continue on a separate sheet if necessary.</p>						

HS or HM provider			
Occupational health service provider (if applicable)		Name of person conducting HS or HM	Contact details
Date (dd/mm/yy)	Type of HS or HM conducted	Recommendations	Review date (dd/mm/yy)
Continue on a separate sheet if necessary			

Action taken				
Date (dd/mm/yy)	What and why	Action taken by		
		Name	Rank /Grade	Email
Continue a separate sheet if necessary				