MOD Form 5053
Annex B

Whole Body Vibration (WBV) Pre-Exposure Self-Assessment

- Ø The data collected below is for the sole purpose of recording potential or actual impact to health through WBV. The data will be protected in accordance with DPA18 and MOD policy.
- Ø This form is to be completed before exposure.
- Ø Please complete in block capitals.

History of potential WBV symptoms			**During last 7 days**	**During last 12 months**
1	Have you had aches or pains in your back, neck or joints after being on or in a vibrating platform?		Yes ☐ No ☐	Yes ☐ No ☐
If 'Yes', please describe the severity of the pain experienced				
No pain				**Pain as bad as it could be**
0 ☐	1 ☐	2 ☐	3 ☐	4☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
2	What part of your body?									
3	How many episodes have you had?									
4	How long did they typically last									
			During last 7 days	**During last 12 months**						
5	How much time have you taken off work with the aches/pains?									
6	Do you often get pain shortly after being on or in a vibrating platform such as a vehicle, boat or aircraft?	Yes ☐ No ☐	For how long?	For how long?						
7	Do you get any other symptoms after being on or in a vibrating platform, for example, nausea (other than 'motion' sickness), headache, blurred vision?	Yes ☐ No ☐								
8	Has your doctor told you what is wrong?	Yes ☐ No ☐	Findings	Findings						
9	Is there any movement or activity that causes or aggravates your pain?	Yes ☐ No ☐	Give details	Give details						
10	Have you ever had any operations that involved the insertion of metalwork, for example, hip replacement, repair of a fracture with rods, pins or metal plate?	Yes ☐ No ☐	Give details							

If required, continue details of answers to questions 1-10 below:

What type of vibrating platform are you about to use (for example, rotary-wing, tracked vehicle, high speed craft and so on.)? Give details in box below

Previous job history (continue on a separate sheet if necessary)

Job title / Function	Did it involve vibration?		From (year)	To (year)
	Yes ☐	No ☐		
	Yes ☐	No ☐		
	Yes ☐	No ☐		
	Yes ☐	No ☐		
	Yes ☐	No ☐		

Social history		
Do you do any leisure activity that involves significant vibration, for example, motorbike riding, jet skiing and so on?	Yes ☐ No ☐	If yes, how much per day?
Do you smoke or vape?	Yes ☐ No ☐	If yes, how much per day?
Do you drink alcohol?	Yes ☐ No ☐	If yes, how many units per day? ***NHS - 14 units is equivalent to 6 pints of average-strength beer or 10 small glasses of lower-strength wine.***

Declaration	
I confirm that the information given above is accurate to the best of my knowledge	
Name	
Date	
Signature	

Guidance Notes (MOD Form 5053) Annex B

For staff:

Positive Response
If you answered “yes” to question 1 and your pain rating is above 5 or is below 5 for three consecutive assessments, and / or you answered “yes” to questions 6, 7 and / or 10, or you have any concerns, you will need to inform your commander or manager of this. You are not required to show your commander or manager the form. Your commander or manager will make arrangements to refer you to occupational health service provider for an assessment.
This questionnaire must be taken with you to your appointment with the occupational health service provider and will be retained by them.

Negative Response
If you have answered “no” to questions 1,6,7 and / or 10 you will need to inform your commander or manager of this (you are not required to show your commander or manager the form).

The completed form **must** be posted or e-mailed (marked “Official-Sensitive--Medical WBV- Assessment”) to your occupational health service provider for retention.

For commanders and managers:

You do not have an automatic right to see the completed form.

If approached by a member of your staff advising that they have a positive response for Whole Body Vibration, you **must** refer them to your occupational health service provider for further action.

If a member of staff is dissatisfied with the operation or maintenance of equipment (Personal opinion), you **must** investigate and ensure that all equipment is properly maintained and operating correctly.

Record all actions taken in the person’s Personal Health Record under ‘Actions taken.’

Occupational service providers:

Records, including risk assessments and health records, **must** be retained in accordance with JSP 375, Volume 1, Chapter 39 (Retention of records) and Chapter 14 Health Surveillance and Health Monitoring.

JSP 375, Volume 1, Chapter 39 Annex A identifies the following:

General HS and HM records must be retained for a minimum of 60 years from the date of the last entry.

Risk assessments associated with hazards, such as asbestos or noise and so on, that might take many years to become evident, must be retained for a minimum of 60 years.