Whole Body Vibration (WBV) Annual 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 annually.
- Ø Please complete in block capitals.

Details of vibration			
1	What type of vibrating platform are you using?		
2	How long have you been using this platform?		
3	How many hours use per day (average)?		
History of symptoms		**During last 7 days**	**During last 12 months**
4	Do you have aches or pains in your back neck or joints?	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 ☐		
5	What part of your body?		
6	Do you get any other symptoms after being on or in a vibrating platform, such as nausea (not "motion" sickness), headache, blurred vision?		
Relationship to Whole Body Vibration			**If yes; for how long?**
7	Do you usually get pain or other symptoms shortly after being on or in a vibrating platform?	Yes ☐ No ☐	
Previous injury (continue on a separate sheet if necessary)			**Details and dates**
8	Have you ever had an injury to any named part of the body which has required medical treatment?	Yes ☐ No ☐	
9	If you have had any operations that involved the insertion of metalwork, such as, hip replacement, repair of a fracture with rods, pins or metal plate, does vibration cause pain to the part of the body containing metalwork?	Yes ☐ No ☐	

Personal opinion			**Details**
10	Do you believe you are being exposed to harmful levels of vibration?	Yes ☐ No ☐	
11	Do you think that vibrating equipment supplied is not operating effectively and/ or not being maintained correctly? (A 'No' answer means that you are satisfied with the operation and maintenance)	Yes ☐ No ☐	

If required, you can provide further details of your answers below (continue on a separate sheet if necessary).

Social history				**Details**
12	Do you do any leisure activity that involves significant vibration such as motorbike riding or jet skiing and so on?	Yes ☐	No ☐	
13	Do you smoke or vape?	Yes ☐	No ☐	If Yes; how many per day?
14	Do you drink (alcohol)?	Yes ☐	No ☐	If yes; how many units per week? ***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 C

For staff:

Positive Response
If you answered “yes” to any of the questions and your pain rating in question 4 is above 5 or is below 5 for three consecutive assessments, or you have identified any concerns in the personal opinion section, 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 all of the questions and you have not identified any concerns in the personal opinion section, you will need to inform your commander or manager of this (you are not required to show the 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 WBV, 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.