**Statutory Health Surveillance Request Form**

*To be completed by Line Managers*

**Completion Guidance:**

This form should be completed in conjunction with local risk assessments. If the criteria for surveillance assessments are met, this form should be completed electronically and emailed to [centraladmin@cognatehealth.ie](mailto:centraladmin@cognatehealth.ie).

**Referring Manager Details –** *incomplete forms will not be processed.*

|  |  |
| --- | --- |
| **Name:** Click here to enter text.  **Department:**Click here to enter text.  **Address:**Click here to enter text. | **Email:** Click here to enter text.  **Phone:** Click here to enter text. |

**Nature of surveillance required (please tick)**

|  |  |
| --- | --- |
| 1. Statutory Visual Display Unit\ Display Screen Equipment testing   A new online booking system has been implemented for Ergonomic Assessments. This section is not required- Click [here](https://www.tusla.ie/health-wellbeing-and-eap/ergonomic-assessments/) for details  *For employees who must use a VDU (excluding laptops) for continuous periods of more than one hour per day.* |  |
| 1. Ergonomics Assessment     *Should the ergonomic assessment identify the need for additional or alternate equipment, it will be the responsibility for the line manager/department to coordinate the provision of same.*  A new online booking system has been implemented for Ergonomic Assessments this section is not required- Click [here](https://www.tusla.ie/health-wellbeing-and-eap/ergonomic-assessments/) for details |  |
| 1. Night Worker Assessment   *Night work refers to work carried out during the period between midnight and 7 a.m. on the following day.* |  |
| **4.** Audiometry  *For employees exposed to a daily or weekly average noise exposure level of 80 dB or a peak exposure value of 135 db.* |  |
| **5.** Respiratory Questionnaire and Lung Function Testing  *For employees who are likely to work with and be exposed to respiratory sensitizers.* |  |
| **6.** Baseline Vision Testing  *For employees who must use a VDU (excluding laptops) for continuous periods of more than one hour per day. Should an optical report state that glasses are required* ***solely and specifically for VDU use****.*  *The cost of dealing with more general eye problems not directly related to working with a VDU is a matter for the employee.* |  |

**Application Type**

|  |  |
| --- | --- |
| **Individual employee \***  \**Managers must inform the employee about the referral.* | **Group Assessment** |
| Name of Employee: Click here to enter text.  Email: Click here to enter text.  Contact Number: Click here to enter text.  Department: Click here to enter text.  Location: Click here to enter text. | Number of Staff: Click here to enter text.  Line Manager Email: Click here to enter text.  Line Manager Phone: Click here to enter text.  Department: Click here to enter text.  Location: Click here to enter text. |

Additional Information for consideration:

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| Click here to enter text. |