



Health, Wellbeing & EAP

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.

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

Name: Click here to enter text.

Email: Click here to enter text.

Department: Click here to enter text.

Phone: Click here to enter text.

Address: Click here to enter text.

Nature of surveillance required (please tick)

1. Night Worker Assessment <i>Night work refers to work carried out during the period between midnight and 7 a.m. on the following day.</i>	<input type="checkbox"/>
2. Audiometry <i>For employees exposed to a daily or weekly average noise exposure level of 80 dB or a peak exposure value of 135 db.</i>	<input type="checkbox"/>
3. Respiratory Questionnaire and Lung Function Testing <i>For employees who are likely to work with and be exposed to respiratory sensitizers.</i>	<input type="checkbox"/>

Application Type

Individual employee * <input type="checkbox"/> <i>*Managers must inform the employee about the referral.</i>	Group Assessment <input type="checkbox"/>
Name of Employee: Click here to enter text. Email: Click here to enter text.	Number of Staff: Click here to enter text. Line Manager Email: Click here to enter text.



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Contact Number: Click here to enter text.

Department: Click here to enter text.

Location: 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:

Click here to enter text.