

Night Shift Screening Detail

Name: Smith, John      ID No: 66543552      DOB: 25-DEC-1963  
Occupation: Joiner      Location: Factory Twenty Five

Screening Date: 05-JAN-2010      Date Received: 07-JAN-2010      Recall Date: 05-JAN-2012  
Staff: N1 Ann Brown      Shift: N Normal Shifts

Further Details	Do you suffer from Diabetes?	<input type="text" value="S"/>	Sometimes
Further Details	If Yes, is it under control?	<input type="text" value="I"/>	Incomplete
Further Details	Do you take Insulin?	<input type="text" value="S"/>	Sometimes
Further Details	Have you noticed any change in your thirst or in passing urine?	<input type="text" value="S"/>	Sometimes
Further Details	Have you had any unexplained weight loss/gain recently?	<input type="text" value="S"/>	Sometimes
Further Details	Do you have heart disease of any sort eg. coronary artery disease or angina?	<input type="text" value="S"/>	Sometimes
Further Details	Do you get Chest pains?	<input type="text" value="S"/>	Sometimes
Further Details	Do you experience shortness of breath, wheezing or bouts of coughing?	<input type="text" value="S"/>	Sometimes
Further Details	Do you have asthma or chronic bronchitis?	<input type="text" value="S"/>	Sometimes
Further Details	Have you had peptic ulcers or duodenal ulcers?	<input type="text" value="S"/>	Sometimes
Further Details	Do you get frequent indigestion, heartburn, belching or have a bowel disorder?	<input type="text" value="S"/>	Sometimes
Further Details	Have you had depression, "stress", nervous disorders or other mental illness, alcohol or drug addiction?	<input type="text" value="S"/>	Sometimes
Further Details	Do you have any condition requiring regular medication at strict times, eg epilepsy, thyroid disease?	<input type="text" value="S"/>	Sometimes
Further Details	Do you have any other condition?	<input type="text" value="S"/>	Sometimes
Further Details	Do you wish to see an OH Advisor or Doctor for any reason?	<input type="text" value="S"/>	Sometimes

Night Shift Screening Detail

Further Details

Blood Pressure / Pulse:

Urine Analysis:

Sight Test:

Height:

Weight:

BMI:

Risk Assessment:

Referred to:

Diagnosis:

Outcome:

Management: