

# Confined Space Medical Assessment

Company		Site	
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## Employee Details

Employee Name		DOB	
Occupation		General Practitioner	
Employee's home address			
Employee or NI Number			

## Medical History

Past Medical History	Fits /Blackouts	<input type="checkbox"/> No	
	Cardiac problems	<input type="checkbox"/> No	
	Angina	<input type="checkbox"/> No	
	Asthma	<input type="checkbox"/> No	
Current Medical Problems	Diabetes	<input type="checkbox"/> No	
	ENT problems	<input type="checkbox"/> No	
	Psychological problems	<input type="checkbox"/> No	
Medication	Alcohol	<input type="checkbox"/> No	(units per week)
	Smoker	<input type="checkbox"/> No	(Amount)
	Other(specify)	<input type="checkbox"/> No	

## On examination

Height		Weight		Age	
Blood pressure		Resting pulse			

Cardiovascular system		Gastrointestinal system		Musculoskeletal system	
<input type="checkbox"/> Acceptable <input type="checkbox"/> Refer		<input type="checkbox"/> Acceptable <input type="checkbox"/> Refer		<input type="checkbox"/> Acceptable <input type="checkbox"/> Refer	
Respiratory system		Central nervous system		Urinalysis	
<input type="checkbox"/> Acceptable <input type="checkbox"/> Refer		<input type="checkbox"/> Acceptable <input type="checkbox"/> Refer		<input type="checkbox"/> Protein <input type="checkbox"/> Glucose <input type="checkbox"/> Blood <input type="checkbox"/> Other (specify)	
	Predicted Value (P)	Actual Value (A)	(A/P)x100 =%	Pass criteria	
FEV <sub>1</sub>				1. >75% of predicted value 2. FEV <sub>1</sub> change of < 0.25 litre since last test.	
FVC					
Ratio FEV <sub>1</sub> /FVC					
PEFR					

Hearing (whisper test)	Safe	Unsafe	Left Eye	Visual Acuity	Right Eye
Left ear	<input type="checkbox"/>	<input type="checkbox"/>	6/	Aided / Unaided Distance	6/
Right ear	<input type="checkbox"/>	<input type="checkbox"/>	N	Aided / Unaided Near	N
Audiogram required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Safe <input type="checkbox"/> Unsafe	Visual Field	<input type="checkbox"/> Safe <input type="checkbox"/> Unsafe

### Medical Standards

- Must not have any history of altered consciousness in last 12 months or tendency to fall, faint or have attacks of claustrophobia.
- Must have locomotory capacity to climb safely into awkward areas.
- Must not be morbidly obese – BMI > 35.
- Vision acuities – 6/12 or better
- Stable mono-ocular vision acceptable
- Hearing – must be able to hear emergency commands, with or without hearing aids.
- Must have cardio-respiratory fitness to carry out active aerobic work with personal protective equipment under thermal stress.
- Must be psychologically suitable to work in confined spaces.
- If diabetic, must have had no attacks of hypoglycaemia requiring emergency prescription of glucagon or iv. glucose within 12 months. Diabetics must be stable, and all insulin dependant diabetics must produce evidence of diabetic control and have satisfactory awareness of hypoglycaemia.

### Conclusions

<input type="checkbox"/> Fit	<input type="checkbox"/> Fit with restrictions	<input type="checkbox"/> Refer	<input type="checkbox"/> Unfit
Form HM 20 issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recall Date
Date of examination		Signature of nurse/ doctor	

Please add any additional comments overleaf.