

Potential Exposure to Asbestos Recording Form

OH Reference Number:	Nottingham City Council office use only
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Occupational Health – Information for Medical Records

Location of Potential Exposure:
Dates of Potential Exposure:

For dates of exposure, please identify the first to last date of potential exposure to last dates

Personal Details

Mr/Mrs/Miss/Ms/Other:	First Name:
Surname:	Previous Surname (If Applicable):
Gender:	Date of Birth:
Address:	
Telephone Number:	

All information in this section must be fully completed

Please place a copy of this form on my Occupational Health file

Signature:	Date:
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Once completed and signed, please return this form to

Wellbeing and Health Improvement (Occupational Health)

Floor 2
Loxley House
Station Street
Nottingham
NG2 3NG

If you need to discuss this form or have concerns, please contact the Employee Wellbeing Team on 0115 876953 or email them on ewadmin@nottinghamcity.gov.uk