

# Health Surveillance Results Register

## Register Details

Date Updated\*: \_\_\_\_\_

Company / Business Name\*: \_\_\_\_\_

Responsible Officer Name\*: \_\_\_\_\_

Responsible Officer Email\*: \_\_\_\_\_

Responsible Officer Phone: \_\_\_\_\_

OHS/Medical Professional Name: \_\_\_\_\_

OHS/Medical Professional Signature: \_\_\_\_\_ (Sign above)

## Surveillance Results

### Health Surveillance Records:

Employee Name	Emp. No.	Job Title	Date of Surveillance	Type of Surveillance	Result	Follow-Up Required?	Follow-Up Action / Notes	Next Review Due	Health Professional Name

Options for 'Type of Surveillance': Audiometry, Lung Function, Vision, Skin Check, Biological Monitoring, Other

Options for 'Result': Within Normal Limits, Abnormal, Unfit for Duty, Pending

Options for 'Follow-Up Required?': Yes, No

