handling (29.5%, out of 1811), hand-arm vibrations (13.9%), repetitive movements of the upper limb (10.9%), whole-body vibrations (7.6%), awkward posture of the upper limb (7.1%), and awkward body posture (4.5%).

**Discussion** The exposure to biomechanical overload seems to play a role in generating potentially work-related conditions. Expanding the MAREL network to other occupational disease consultation centres in 2017 and 2018, we will contribute to already existing surveillance systems (i.e. MALPROF) by the detection of new and emerging occupational diseases and risks.

**Methods** Ten random new management referral forms received in May 2017 were pulled and analysed under ten separate headings:

1. Employee details,
2. post details,
3. job demands,
4. current medical issues,
5. sickness absence grid,
6. reason for referral,
7. description of main issues and relevant facts,
8. specific advise requested,
9. manager’s details and
10. employees consent.

Data obtained was analysed using Excel Spreadsheet. Each completed headings were scored ten and zero score was given for incomplete heading. The results were totalled and given a final score in percentage value. The headings were further broken down into five aspects for analysis:

- Legal (consent),
- Demands of duty to better inform OH (post details and job demands),
- Effect of health issues to work (current medical issues and sickness absence grid),
- Manager’s concern (reason for referral, describe the main issues and relevant facts, specific advise requested), and
- Communication (employee’s and manager’s details).

**Result** Total manager’s compliance was 79.8%. Compliance to legal aspect was 40%. Compliance to provide information regarding demands of duty to better inform the OH was 90%. Compliance to provide information regarding effect of health to work was 85%. Compliance to provide information to aid communication was 70%. Compliance to provide information to address manager’s concerns was 100%.

**Discussion** Management’s general compliance to the national management referral form was good. Specific aspects of manager’s referral can be further improved. Results were discussed at service user’s forum and a re-audit is planned in the future.

**Survey on Health Interview Sheets for Annual Health Checkups in Japan**

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**Introduction** In Japan, all workers are required by law to receive annual health checkups. Annual health checkups are composed of health-based interviews (focused on subjective and objective complaints, anamnestic, and work history, for example), laboratory tests, chest X-rays, and ECG. Because interview sheets are not standardised, they are unique to each hospital. The aim of this study is to clarify the variety of interview sheets and to consider the issues surrounding them.

**Methods** We requested interview sheets from each hospital with cooperation from the National Federation of Industrial Health Organisation. We investigated the items that were asked in each sheet.

**Results** We received 70 interview sheets. Excluding six sheets because of duplication, we analysed 64 interview sheets. Sixty-two sheets asked about anamnestic (96.9%), 61 asked about subjective and objective complaints (93.3%), and 26 asked about work history (40.6%). There were no items that were asked on all interview sheets. There were 305 detailed items of anamnestic in total. Four sheets asked about working hours, three sheets asked about overtime hours, and six sheets asked about hazardous work.

**Discussion** Anamnestic, subjective and objective complaints, and work history are the items designated to interview sheets by law, but there were only a few sheets containing all these items. The purpose of annual health checkups is not only to detect diseases, but also to determine whether working environments are suitable for workers’ health conditions. For this reason, these items are very important but most sheets do not include it. Subjective and objective complaints were asked for in most sheets, but details of it differed across sheets. Lifetime health management and comparisons of health checkup results are difficult because of non-standardised interview sheets. We suggest the standardisation of interview sheets in the future.