



HEALTH QUESTIONNAIRE FOR NIGHT WORKERS

The purpose of this questionnaire is to ensure you are suited to working at night. All the information you provide will be kept confidential.

Type of work/ duration of night work

Name:	
Sex:	Male/ Female / Other *delete as appropriate
Date of birth:	
Job title:	
Hours of work:	

Health conditions

Do you suffer from any of the following health conditions? Please tick any that apply.

- Diabetes
- Heart or circulatory disorders
- Stomach or intestinal disorders
- Any condition which causes difficulties sleeping
- Chronic chest disorders, especially if night-time symptoms are troublesome
- Any medical condition requiring medication to a strict timetable
- Any other health factors that might affect fitness at work

If you have ticked 'yes' in relation to any of the above health conditions, you may be asked to see a doctor or nurse for further assessment.

I confirm that the above information is correct to the best of my knowledge.

Signed:

Date:

Assessment

(This gives an indication of whether the worker is fit to work nights or should see a doctor or nurse for a medical examination)

Signed:

Date: