



## NIGHT WORKER HEALTH QUESTIONNAIRE

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Under the Working Time Regulations, all night workers are required to complete an initial and annual health assessment form. A night worker is classified as an individual who regularly works for more than three hours during the period 11pm to 6 am. ***The assessment is voluntary and additional to any other assessment undertaken.*** Completed questionnaires, designed to identify possible areas of special need in relation to night work, are held and assessed in confidence. The questionnaire is deliberately broad and, if necessary, we may arrange an appointment for you with an occupational health doctor if further assessment is required.

NAME: \_\_\_\_\_ DOB : \_\_\_\_\_

JOB TITLE (if known) : \_\_\_\_\_

Do you suffer from any of the following conditions?	No	Yes	Please give details
Diabetes			
Heart or circulator disorders			
Stomach or intestinal disorders			
Any condition which causes difficulty sleeping			
Chest disorders, especially at night			
Any medical condition requiring medication to as strict timetable			
Any other health factors that might affect fitness for night work			

SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_