

OCCUPATIONAL HEALTH SERVICES
HEALTH ASSESSMENT NIGHT WORKERS

Purpose of Assessment

The European Directive on Working Time implemented in the UK as the Working Time Regulations 1998 (SI No: 1998/1893) requires employers to assess the specific risk to health of employees with respect to night work. This questionnaire seeks to identify any such health problems and is issued to all employees who work at night. A 'night worker' is defined as one whose working hours would normally include at least three hours between 11 pm and 6 am, e.g.: 6.00 pm - 2 am.

To completed by all staff who regularly work on night duty either on rotation or permanently.

Surname: **Forenames:** **Date of Birth:**

Job Title: **Place of work and Site:**

I work on **permanent / rotational** night duty. (Circle as appropriate.)

I work **full-time / part-time** (Circle as appropriate.)

	YES	NO
Do you presently enjoy good health?		
If NO please clarify:		
Have you visited your GP with a health problem in the last six months?		
If yes, please give a brief description:		
Do you generally sleep well without medication?		
Are you currently taking any form of medication ?		
If YES please list:		
Do you take medication that requires a strict timetable?		
If yes, please provide details.		
Are you usually able to take a minimum of six hours uninterrupted rest following a night shift?		
If no, why is this?		
Do you have any of the conditions stated below:		
Diabetes?		
Gastro-Intestinal problems?		
Mental ill health?		
Fits or seizures?		
Chronic Chest disorder?		

I certify to the best of my knowledge the information I have given is correct.

Signature of Applicant: **Date:**

If you have concerns regarding your health and working night duty, please inform your Manager