

SELF ASSESSMENT HEALTH QUESTIONNAIRE FOR NIGHT WORKERS



Under Working Time Regulations 1998, all night workers should be offered an initial and an annual health assessment. A night worker is classified as an individual who regularly works for more than three hours during the period 11pm to 6am. The assessment is voluntary and additional to any other health assessment undertaken by the Company. Completed questionnaires, designed to identify possible areas of special need in relation to night work, are held and assessed in confidence by the Company. Please return your completed questionnaires to your line manager.

PRIVATE & CONFIDENTIAL

Surname: Green

First name: Craig

Job Title: FLT Operative

D.O.B: 12-06-73

Department/Location: Operations

Contact No: 07448 903 859

Do you suffer from any of the following conditions (below)? Please answer either "Yes" or "No" to each question:

	Yes or No		Yes or No
1. Diabetes	<u>NO</u>	7. Epilepsy	<u>NO</u>
2. Heart or Circulatory Disorders	<u>NO</u>	8. Asthma	<u>NO</u>
3. Stomach or Intestinal Disorders	<u>NO</u>	9. Eye/Vision Issues	<u>NO</u>
4. Any condition which causes difficulty sleeping	<u>NO</u>	10. Hearing Issues	<u>NO</u>
5. Chest Disorders, especially at night	<u>NO</u>	11. Any medical condition requiring medication to a strict timetable	<u>NO</u>
6. Mental Health Issues	<u>NO</u>	12. Any other health factors that might affect fitness for night work	<u>NO</u>

If you have answered "Yes" to any of the questions above, please give further details relating to the question below, indicating the question number:

Would you like to discuss any of these questions with an Occupational Health Adviser?

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If you have answered "Yes" please indicate the question number adding any relevant comments:

If the Company feels it appropriate it may recommend that you be referred to your G.P. Or an OHA for professional assessment of your fitness for night work.

I confirm that all my answers are correct to the best of my knowledge and belief.

Employee Signature: [Signature]

Date: 10-5-24

Employer Signature:
(Manager)

[Signature]

Date: 10/05/24