

Night Workers Health Questionnaire

The purpose of this questionnaire is to make sure all candidate willing to work Night are physical and mental wellbeing are satisfactory and they are fit to work during Night hours.

Title: Mr/Mrs/Miss		Surname:	
Forename:		Middle Name:	
Position applied for:		DOB:	
Contact Address:			
Postcode:		NI Number:	

Health Condition				
Do you suffer from any of the following health condition?				
Diabetes?	Yes		No	
Heart or circulatory disorders?	Yes		No	
Any condition which cause difficulties with sleeping?	Yes		No	
Stomach or Intestinal disorders?	Yes		No	
Chronic chest disorder (especially if night time symptoms are troublesome)?	Yes		No	
Any other health factor that may affect fitness to work?	Yes		No	
Any medical condition requiring medication to a strict timetable?	Yes		No	
Are there any medical reason or are you correctly taking any medication, which may affect your ability to work Night?	Yes		No	
If you answer YES to any above, please provide full details here.....				
I declare that, I have understood all question and have answer them correctly to best of my knowledge				
Name:		Position:		
Signed:		Date:		

For Official Use Only

After reviewing the questionnaire, my assessment is that you can			
Can work Night		Cannot work Night	
Should see a doctor or health professional to assess whether you can work			
Employer signed		Date	

