

Health Assessment form for Workers

Form — Health assessment for night workers

To [fill the name and contact details of night worker]

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

Do you suffer from any of the following health conditions?	YES	NO
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 answered 'yes' to any of the above questions, you may be asked to see a doctor or nurse for further assessment.		

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

Dated:

Signed:

Full name:

Sex:	
Date of birth:	
Permanent address:	
Job title	
Type of work/duration of night work:	
National insurance no:	
Department/clock no:	

Employer's assessment

[To be completed by the employer]

After reviewing the questionnaire, my assessment is that you:

- can work nights
- can not work nights
- should see a doctor or nurse for a medical examination to assess whether you can work nights

Dated:

Signed:

Full name: