

SAMPLE HEALTH QUESTIONNAIRE

**This health questionnaire is provided for sample purposes only.
Make sure you ask a qualified health professional to help you devise this form.**

ARE YOU FIT TO WORK NIGHTS?

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.

Type of work/duration of night work

1. Surname
2. First and second name/s
3. Sex..... Male Female
4. Date of Birth
5. Permanent Address
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6. Job Title
7. National Insurance No
8. Department/Clock No

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 the above question you may be asked to see a doctor or nurse for further assessment.

I, the undersigned, confirm that the above is correct to the best of my knowledge.

Signed..... Date.....

Assessment

(this gives an indication of whether the worker is fit to work nights or should see a doctor or nurse for a medical examination)

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Signed..... Date.....