

Questionnaire: Medical Assessment – Suitability for Night Work

Name Unit/Department

Address

In accordance with the Working Time Regulations and Management of Health & Safety at Work Regulations, we are required to carry out a medical assessment for all night workers. If at any time you believe that the night work you are involved in is having an adverse effect on your health, you must report this to your employer in writing without delay.

Have you ever had or been investigated for any of the following?

Please tick 'Yes' or 'No'. If you answer yes to any of the questions, please provide details, dates etc. in the comments column.

Please tick the relevant box	Yes	No	Comments
Is your vision impaired by working at night?			
Fits, faints, blackouts or epilepsy			
Migraine or recurring headache			
Any medical condition affecting sleep			
Arthritis or joint problems or muscular disorder			
Asthma, bronchitis or other chest condition			
Heart problem or rheumatic fever			
Anaemia or blood disorder			
High blood pressure			
Any stomach or intestinal disorder, such as ulcers and conditions where the timing of a meal is particularly important			
Cancer or leukaemia			
Any other medical condition requiring regular medication on a strict timetable			
Insulin-requiring diabetes			
Any other ailment which you believe night work may aggravate			

Signed
(Employee)

Date

This questionnaire will be reviewed by a medical practitioner who will advise on any relevant avoidance or control measures.