

UCL Human resources

Occupational Health & WELLBEING

**HEALTH QUESTIONNAIRE FOR NIGHT WORKERS**

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| --- | --- |
| NAME: | MOBILE: |
| DEPT: | DOB: |

Please consider the questions below. Have you EVER experienced or been diagnosed with *(please circle):*

|  |  |
| --- | --- |
| 1. Seizures / blackout or epilepsy? | YES  NO |
| 1. Digestive disorder that requires you to take regular meals on medical advice? | YES  NO |
| 1. Chronic chest disorders especially if night time symptoms? | YES  NO |
| 1. Diabetes? | YES  NO |
| 1. Significant sleep disorder requiring treatment? Any condition which causes difficulty sleeping? | YES  NO |
| 1. High blood pressure or cardiac problems? | YES  NO |
| 1. Mental health issues including alcohol or drug problems? | YES  NO |
| 1. Medical condition requiring medication to a strict timetable? | YES  NO |
| 1. Any health factors which might affect fitness for night work or might be affected by night working? | YES  NO |
| If YES to Q 1-9 please give details here: | |

I declare that I have answered the questions on this form honestly and fully and that I am not otherwise aware of any physical or mental disability that will or may affect my ability to work night shifts. I understand that my employer will be notified of my fitness for night shift work, and that my medical information will remain confidential to OH. I understand that I now have the option of being referred to occupational health for further assessment. In signing this health questionnaire

**I do wish to exercise my right to a health assessment***.*

**I do not wish to exercise my right to a health assessment**

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| --- | --- | --- |
| PRINT NAME: | SIGNATURE: | DATE: |