HEADS RECRUITMENT
SUPPLY CHAIN SPECIALIST

HEALTH QUESTIONNAIRE TO ASSESS IF YOU ARE FIT TO WORK NIGHTS

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

About you

Job Title:

Surname:

First and second name/s:

Sex: M [ ] F [ ]

Date of birth:

Permanent address:

Job title:

National Insurance number:

Health conditions

Do you suffer from any of the following health conditions?

Diabetes	Yes [ ]	No [ ]
Heart or circulatory disorders	Yes [ ]	No [ ]
Stomach or intestinal disorders	Yes [ ]	No [ ]
Any condition which causes difficulties sleeping	Yes [ ]	No [ ]
Chronic chest disorders (especially if night-time symptoms are troublesome)	Yes [ ]	No [ ]
Any medical condition requiring medication to a strict timetable	Yes [ ]	No [ ]
Any other health factors that might affect fitness at work	Yes [ ]	No [ ]

If you have answered 'yes' to any of the above questions, you may be asked to see a doctor or nurse

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

Signed: ..... Date: .....

EMPLOYER'S ASSESSMENT

Your employer should complete the next section with their assessment.

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

☐

Signed: ..... Date: .....