

## **NIGHT WORKER'S HEALTH ASSESSMENT**

As there are health risks linked with night work you must offer your night working employees a free health assessment (normally a questionnaire) before they start working at night and on a regular basis. A night worker is somebody who regularly works at least three hours during the 'night period'. The health assessment should be completed once a year, but you can offer a health assessment more frequently. Your employees do not have to take the health check offered. If the results of the health assessment questionnaire cause concern you should refer your employee to a doctor. If a doctor tells your employee that they do have health problems caused by night work you must transfer them to daytime work - if this is possible.

An employee who works nights:

- Can not work more than an average of 8 hours in a 24-hour period. The employees hours can be averaged over 17 weeks, but it can also be averaged over longer periods if the employer and employee have a workforce agreement in place. (See **Information sheet on Workforce Agreements** and please always seek advice from your Employers Liability Insurance before implementing a Workforce Agreement).

Night worker's health assessment		
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 <b>strictly confidential</b> .		
Frequency of night work:		
Are there any special hazards involved in this job?	Yes	No
Will the employee be under mental or physical strain?	Yes	No
If you have answered yes to either of the questions above your employee is strictly limited to an 8 hour daily limit i.e. not an 8 hour average and cannot opt out of this by workforce agreement.		

Part one: for completion by the employee	
About you	
Job Title:	
Surname:	
First and second name/s:	
Date of birth:	

Permanent address:			
Job title:			
National Insurance number:			
<b>Health conditions</b>			
Have you had any medical problems in the past that have prevented you from working at night?	Yes	No	
Do you suffer from any of the following health conditions?			
Diabetes	Yes	No	
Heart or circulatory disorders	Yes	No	
Fits, blackouts or epilepsy	Yes	No	
Stomach or intestinal disorders	Yes	No	
Any condition which causes difficulties sleeping	Yes	No	
Disturbances of vision, hearing or balance	Yes	No	
Chronic chest disorders e.g. asthma or bronchitis (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 to confirm whether you are fit enough to do this job.			
<b>Declaration</b>			
I, the undersigned, confirm that the above is correct to the best of my knowledge.			
Signed (employee):		Date	

<b>Part two: for completion by the employer</b>	
After reviewing the questionnaire, my assessment is that you (tick one option):	
Can work nights	
Cannot work nights	
Should see a doctor or nurse for a medical examination to assess whether you can work nights.	

Signed (employer):		Date:	
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