

Occupational Health CONFIDENTIAL

Health Assessment Questionnaire for Night Workers

First names:	Date of Birth:	Age:	
Job title:	Supervisor:		
Home tel:	Work tel:		
Mobile:	Email:		
			•••••
Data Protection Information			
The information that you supply on this question	naire will be held in confidence by the University Occ	cupational Health	Servi
as part of your occupational health record. For fu	Ill details of how your personal information is used by	y the University	
Occupational Health Service, please see http://w	ww.oh.admin.cam.ac.uk/general-information/confident	entiality-statemen	<u>t</u>
	pattern		
The following medical conditions could possibly a worse by night work.	affect your health and ability to safely carry out night	work, or could be	e mad
Do you suffer from any of these conditi	ons?	Yes	No
a) Diabetes?			
b) Heart or circulatory problems?			
c) Stomach or intestinal problems, such as ulc	ers?		
d) Any medical condition which causes difficul	ty sleeping?		
e) Chronic chest disorders where night time sy	mptoms may be particularly troublesome?		
f) Any medical condition requiring medication	on a strict timetable?		
g) Any medical condition where the timing of n	neals is particularly important?		
	·		
h) Any mental health problems which may be	affected by night work?		
h) Any mental health problems which may be ai) Any other medical condition which may affe			
i) Any other medical condition which may affe	ct your ability to work safely at night?		
 i) Any other medical condition which may affee j) Are you a new or expectant mother? (option k) If you have worked at night before, did this of 'yes' to any of the above, please give details i.e. 	ct your ability to work safely at night?	e, its effect on you	
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