

Please ensure you fully complete all parts of this questionnaire giving details where necessary.

Failure to do so may result in your questionnaire being returned to you.

Part One

Name (in full):		Start Date:	
Date of Birth:		Job Title:	
Depot:		Working Pattern:	
Line Manager:		Contact Tel. N°:	
Department:		Employee N°:	

Note: Alertness and reasonable physical fitness are essential for your duties. It is therefore important to be accurate with your answers to this questionnaire, although trivial matters should be ignored (e.g. transient dizziness while gardening two years ago).

When you declare **No** to any question (except for questions 1, 3A, and 3B) on this form you are accepting a degree of responsibility for your safety. If in doubt tell/ask your Manager/Supervisor.

Part Two

Please tick the appropriate boxes		Yes	No
1	ARE YOU IN GOOD HEALTH?		

2	In the last 6/12 months have you ever had any of the following:	Yes	No	If yes, please provide details
a	Epilepsy/fits/fainting attacks/blackouts/recurrent dizziness?			
b	Depression/anxiety/mental illness/nervous debility?			
c	Migraine/frequent headaches?			
d	Kidney/bladder trouble?			
e	Arthritis/rheumatism/back trouble?			

f	Hearing/Ear trouble?			
g	Eyesight/Eye trouble?			
h	Dysentery/hepatitis/typhoid/paratyphoid?			
3a	Do you currently work nights?			
3b	Do you currently work a rotating shift system which includes nights?			
4	Do you suffer from diabetes? If yes, do you require insulin injections?			
5	Do you suffer from heart or circulatory problems? If yes, does this affect your physical stamina?			
6	Do you suffer from stomach or bowel disorders? E.g. peptic ulcer, ulcerative colitis, crohn's disease?			
7	Do you suffer from a medical condition where regular timing of meals is important?			
8	Do you have a chronic chest disorder, the symptoms of which are more troublesome at night?			
9	Do you suffer from any sleeping disorder or have a medical condition affecting your sleep?			
10	Are you currently on prescribed medication which requires to be taken on a strict timetable?			
11	Are you aware of any other health problems that may affect your fitness to undertake night duties?			

