**Occupational Health Service**

NIGHT/SHIFT WORKERS SCREENING ASSESSMENT

Please return this to Occupational Health within 4 weeks of receipt indicating at the end of the questionnaire if you do/do not wish to have a telephone appointment with an adviser.

Please send your completed form via email to [occupational.health@ed.ac.uk](mailto:occupational.health@ed.ac.uk). If you are unable to access email, please send your completed form in a sealed envelope, to the Occupational Health Service, Drummond Street Annexe, Drummond Street, Edinburgh, EH8 9XP marking it private and confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Date of Birth:**  **Age:** |  |
| **Tel No:** |  | **Line Manager / Supervisor :** |  |
| **Email:** |  | **Occupation:** |  |

**Do you have, or have you ever suffered from, or consulted your Doctor or a Specialist for any of the following conditions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Conditions** | **YES** | **NO** | **Details** |
| 1 | Fits, epilepsy, giddy turns, blackouts or fainting? |  |  |  |
| 2 | Diabetes |  |  |  |
| 3 | Heart or circulatory problems? |  |  |  |
| 4 | Stomach or intestinal problems, such as ulcers? |  |  |  |
| 5 | Chronic chest disorders where night time symptoms may be particularly troublesome? |  |  |  |
| 6 | Any medical condition that causes difficulty sleeping? |  |  |  |
| 7 | Any mental health problems which may be affected by night work? |  |  |  |
| 8 | Any medical condition where the timing of meals is particularly important? |  |  |  |
| 9 | Any medical condition requiring medication on a strict timetable? |  |  |  |
| 10 | Any other medical condition which may affect your ability to work safely at night? |  |  |  |
| 11 | If you have worked at night before, did this cause any ill health? |  |  |  |
| 12 | Do you drink alcohol? |  |  |  |

If ‘***yes’***to any of the above, please give details i.e., when condition developed, is this new, how severe, its effect on you, how well controlled and treatment so far. Please note further clarification may be sought by Occupational Health.

|  |  |  |
| --- | --- | --- |
| Do you believe any of the above are made worse by night work? | **Yes** | **No** |
| I require a confidential telephone consultation with an Occupational Health Advisor | **Yes** | **No** |

**Declaration**

I certify that all the answers given above are true to the best of my knowledge and belief. I understand that no medical details will be divulged without my permission to any person outside Occupational Health, but an opinion about my fitness for night work will be issued to management.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see [**https://www.ed.ac.uk/files/atoms/files/ohs\_privacy\_notice\_-\_august\_2018.pdf**](https://www.ed.ac.uk/files/atoms/files/ohs_privacy_notice_-_august_2018.pdf)

All employees have the right to access their Occupational Health records. Should you wish to do so, please speak to a member of the Occupational Health team for more details or view <https://www.ed.ac.uk/health-safety/occupational-health/about/professionals-tandards>