

THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

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| Health Assessment for Employees Working at Night | Issue 2: DEC 2023 WWF- 007 |
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PART A to be completed by Manager (please print)

| | | | |
|---|-----------------|------------------|--|
| Surname | | | |
| First Name | | | |
| Date of Birth | | | |
| Job Title | | | |
| Working: At least 3 hours between 23:00–06:00 | Rotating Nights | Permanent Nights | |

PART B to be completed by Employee

In order to comply with the Working Time Regulations, the Trust is offering you the opportunity to have a health assessment. There are no specific contraindications to working at night, however if you have any of the conditions listed below you may wish to take up this offer. The health assessment will be provided by Occupational Health. Any restrictions recommended are usually temporary and a follow-up assessment may be required.

DO NOT GIVE ANY HEALTH DETAILS ON THIS FORM

- | | |
|---|---|
| <ul style="list-style-type: none"> • Asthma • Diabetes • Epilepsy (fits/convulsions/blackouts) • Heart condition • Bowel conditions • Anxiety/depression/nervous conditions | <ul style="list-style-type: none"> • Kidney failure • Infertility - being treated at present • Problems with night vision • Severe allergic conditions • Pregnancy |
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• Any other health conditions that you feel could be affected by night work

| | | |
|---|-----|----|
| I would like a health assessment for night work (please tick) | Yes | No |
| This is normally a telephone conversation initially | | |

Please return this form to your manager who will forward it to Occupational Health on your behalf if you have requested an assessment. A copy of this form will be kept on your personal file.

You are reminded of your duty to co-operate in matters of health & safety and to take reasonable care to ensure the health & safety of yourself and others under Sections 7 & 8 of the Health and Safety at Work Act 1974.

DECLARATION

I confirm that I have read and understood the above information (please print)

| | | | |
|-----------------------------|--|---------------|--|
| Employees Signature: | | Date: | |
| Home Tel. No | | Mobile | |

Privacy Notice

No personal information held by us will be processed unless the requirements for fair and lawful processing can be met.

Our Privacy Notice, which can be accessed at <https://www.workingwellglos.nhs.uk/privacy-notice/> provides a summary of how we will ensure we meet these requirements.