Royal Mail Group Night Worker Health Questionnaire

How to complete this questionnaire:

1. Complete sections 1 and 2, sign and date the declaration in section 3;
2. Return in the enclosed pre-paid envelope;
3. If a further assessment is required based on the responses, OH Assist will contact you to arrange an appointment;
4. If a further assessment is not required, you will not receive any further correspondence until your next night worker health assessment is due, unless a personal requirement is identified sooner.

Section 1 – Your Details	
Surname:	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐
Forename(s):	Male ☐ Female ☐
Pay Number:	Date of Birth:
Telephone Number:	Can OH Assist contact you by SMS Text if an appointment is required? Yes ☐ No ☐
Home Address: (including postcode)	
Job Title:	Availability if appointment required:
What is your shift pattern for nights?	Permanent nights. ☐ Rotating shift pattern. ☐ Reserve role working shifts as required. ☐
If you are a reserve how much notice do you get for your shift pattern?	1 week or less ☐ 2 weeks - 4 weeks ☐ More than 4 weeks. ☐
Please state whether your job role involves special tasks (e.g. driving, working at heights, working with machinery):	Yes ☐ No ☐
Please describe special task (where appropriate):	
For females only: are you pregnant at present?	Yes ☐ No ☐

Section 2 - Your Medical History				
	Question	**Yes**	**No**	**Please give details (if applicable)**
1	Do you have any concerns about your health in relation to night working?	☐	☐	
2	Do you suffer from recurrent tiredness or fatigue during the day?	☐	☐	
3	Have you had any heart or circulatory trouble e.g. heart attack or angina? If yes, state any treatment or medication you receive for this.	☐	☐	
4	Have you suffered any recurrent chest trouble e.g. shortness of breath or wheeze, asthma, bronchitis or troublesome cough? If yes, state any treatment or medication you receive for this.	☐	☐	
5	Have you had recurrent stomach or intestinal trouble e.g. indigestion, peptic ulcer or diarrhoea? If yes, state any treatment or medication you receive for this.	☐	☐	

	Question	Yes	No	Please give details (if applicable)
6	Have you ever had unexplained black outs or epilepsy? If yes, when was your last episode? State any treatment or medication you receive for this.	☐	☐	
7a	Do you have Diabetes?	☐	☐	
7b	If yes, is it controlled: by diet? by tablets? by insulin?	☐ ☐ ☐	☐ ☐ ☐	
8	Do you suffer from recurrent low blood sugar episodes?	☐	☐	
9	Have you been told that you have high blood pressure? If yes, state any treatment or medication you receive for this.	☐	☐	
10	Do you have any medical condition requiring medication to be taken to a strict timetable?	☐	☐	
11	Do you suffer from depression, anxiety, or any mental health disorder or problem that could be aggravated by night work?	☐	☐	
12	Do you have any other health condition that you feel might affect your fitness for safe night work?	☐	☐	

Section 3 – Declaration

By signing the below, I confirm that I acknowledge that Royal Mail Group will release to OH Assist and its agents (or any other prevailing occupational health service provider and their agents), this data relating to my health. I understand this will be done in accordance with prevailing data protection legislation.

I also acknowledge that OH Assist (or any other prevailing occupational health service provider) may:

- Contact me in writing or by telephone to discuss and review my health and
- Provide a report advising Royal Mail Group about my health relating to work including, whether in their opinion I suffer from any underlying medical condition(s) and/or disability in accordance with the disability provisions of the Equality Act 2010. This report may also give advice on any reasonable adjustments that may be made.

Signature:		Date:

Please return this questionnaire in the enclosed pre-paid envelope.