**Night Shift Working Guidance and Example Health Assessment Questionnaire**

**According to**[**the Working Time Regulations 1998**](http://www.legislation.gov.uk/uksi/1998/1833/contents/made)**, a ‘night worker’ is an employee/PA whose regular work hours includes at least three hours of the night time.**

Under this legislation, night-time is **between 11 pm to 6 am** unless otherwise agreed upon by the employer and employee. While working at night doesn’t necessarily pose any significant health risks, it may worsen some existing health conditions including epilepsy, [depression](https://www.healthassured.org/blog/anxiety-vs-depression/), [anxiety](https://www.healthassured.org/blog/job-anxiety/) and diabetes.

**You’re required to offer all night workers health assessments**.

It must be free and carried out before they become night workers. The Health and Safety Executive (HSE) enforces the night worker health assessment requirement detailed in the Working Time Regulations 1998.

This health assessment helps employers to identify where night shifts are causing workers health risks. After completion, it also helps to decide [how best to make reasonable adjustments.](https://www.healthassured.org/blog/reasonable-adjustments/)

**Are night workers entitled to health checks?**

Yes, they are. You’re required to offer **repeat assessments regularly**. In cases where health problems are related to night work, employers must offer suitable alternative work if possible.

**You should also keep records of individual**[**health assessments**](https://www.healthassured.org/health-assessments/) for up to two years and if an employee declined assessment, then the dates it was offered.

**Example Health Assessment Questionnaire Template**

This is completed by with Employer with their PA. Remember that your employment arrangements will have specific needs. As a result, you may need to adapt it to suit your requirements.

|  |  |  |
| --- | --- | --- |
| **Health assessment questionnaire** | **Yes** | **No** |
| Have you had any medical problem in the past that has prevented you from working at night? |  |  |
| Are you diabetic? |  |  |
| Are you subject to angina, or other heart problems that may affect your fitness? |  |  |
| Have you had duodenal or stomach ulcers in the past, or are you under treatment for those at present? |  |  |
| Have you had any continuing bowel problem, for instance following major surgery? |  |  |
| Do you have any chronic chest problem such as asthma, emphysema or bronchiectasis? |  |  |
| Do you have any disability affecting mobility that will cause difficulties in arranging night work? |  |  |
| Do you have any recurrent or continuing sleep disturbance requiring medical advice? |  |  |
| Are you having specialist care requiring your attendance at hospital clinics for treatment? |  |  |
| Do you have any other health problem that affects your fitness for night work? |  |  |
| Are you taking any medication to a strict timetable? |  |  |
| Please give the names of any prescribed medications that you take regularly: |  |  |
| Please give any further details that you would like to bring to our attention: |  |  |
| **Details of any Reasonable Adjustments:** | | |
|  | | |
| **Health Assessment Completion Date** |  | |
| **Name of Employer** |  | |
| **Name of PA** |  | |