

**NAECI 2019 -2020**

**MODEL HEALTH SCREENING FORM FOR NIGHT WORKERS
(NAECI 7.6(b)(iii)**

**Guidance note**

Prior to the assignment of an employee to night working, employers in scope to the NAECI shall

* Offer the employee the opportunity of a free health assessment; or
* Ascertain whether the employee has previously had a health assessment and that they are satisfied it is still valid.

Employers will normally offer free health assessments on an annual basis. In accordance with the Working Time Regulations 1998, ‘free’ means that the assessment must be made available without cost to the employee. An employee shall not incur loss of earnings where any additional assessment by a medical practitioner is required.

Employers in scope to the NAECI will invite employees to complete a screening questionnaire prior to commencing night work in accordance with NAECI 7.6(b)(iii). A model health screening form, for guidance purposes only, is set out below. Employers must ensure that the examination of completed questionnaires is carried out by personnel competent to interpret the information.

Where answers to the questionnaire give cause for concern about the fitness of an employee to undertake night working, he/she shall be referred to a qualified health care professional. A further assessment will be carried out and an opinion will be given about the employee’s fitness to work. Employers shall make it clear that such assessments are being conducted within the Working Time Regulations 1998.

Upon referral, details shall be provided to the health care professional about the duration, shift pattern etc. which will assist the achievement of an informed decision.

The contents of the health assessment shall remain confidential unless:

* The employee has given his/her written consent.
* A statement limited to confirmation of the employee’s fitness to work night work is issued.

Following confirmation by a registered medical practitioner that an employee is suffering from health problems related to night work, the employer will, where possible, transfer the employee from night working and provide suitable alternative work during other periods of the working day.

Employers are required to maintain adequate records for 2 years, detailing employees who are night workers, the date of the health assessments and the results. Employers are also required to keep written records where an employee has refused a health assessment.

***Please use appropriate form.***

PAGE 1MODEL HEALTH SCREENING AND FORM



**NAECI 2019 -2020**

**NAECI MODEL
HEALTH SCREENING FORM FOR NIGHT WORKERS**

This form is designed to help assess if you have any health condition which could affect your ability to perform night work in accordance with NAECI 7.6(b)(iii). The opportunity for an assessment is required by the Working Time Regulations 1998. This form asks general questions about your health (see accompanying notes).

Full name Date of birth

Job title NI number

Company Clock no. (if applicable)

Home address

Home telephone Mobile telephone

Please complete this form to the best of your knowledge and tick the appropriate box. Please note that ticking ‘yes’
does not necessarily mean you are unfit for night work, simply that we may need to refer you for further medical
assessment.

**Do you have any medical or health condition which is likely to affect your ability to do night work, or could be made worse by night work (such as those listed below…)?**

1. Diabetes? Yes [ ]  No [ ]
2. Heart or circulatory problems? Yes [ ]  No [ ]
3. Stomach or intestinal disorders, such as ulcers? Yes [ ]  No [ ]
4. Medical conditions affecting your sleep? Yes [ ]  No [ ]
5. Chronic chest disorder where night time symptoms are particularly troublesome? Yes [ ]  No [ ]
6. Any medical condition requiring regular medication on a strict timetable
(i.e. a set time of day)? Yes [ ]  No [ ]
7. Any condition where the timing of a meal is particularly important? Yes [ ]  No [ ]
8. Any other medical or health conditions that may affect your fitness to do night work? Yes [ ]  No [ ]

**Employee’s Declaration (please sign either (a) or (b))**

(a) I certify that the answer to the above question is correct to the best of my knowledge. I understand that if I have withheld information, this may adversely affect efforts to place me in suitable employment.

Employee’s signature Date

(b) I decline to complete this form.

Employee’s signature Date

**For Employer’s Use**

Received by Date

Action: Fit for work – file in personnel record Yes [ ]  No [ ]

 Needs further medical assessment Yes [ ]  No [ ]

 Employee declined to complete form – file in personnel record Yes [ ]  No [ ]

This form is designed to assist employers with the provisions of a statutory health assessment for night workers as required by the Working Time Regulations 1998, whether used as above, or amended for company use, **the NJCECI does not accept liability for any acts or omissions from the use of this form.**

PAGE 2 MODEL HEALTH SCREENING AND FORM