



## **Night Workers Health Assessment Form**

As a Night worker, G-Force Logistics Ltd is committed to ensuring your safety. This assessment is optional, but if any of your working day incorporates hours of work between 11pm and 6am we request you complete this form

This form is not intended to discriminate against workers, but should you answer yes to any of the below questions G-Force Logistics will support you by either sourcing more suitable hours of work for you or working with the client to ensure you are safe whilst working during night hours and if necessary make allowances.

Any relevant information declared below may be divulged to our clients in order to ensure the correct working environment for our candidates

This questionnaire is not compulsory and is offered as a safeguard for you.

Please complete the below questionnaire:

Have you been diagnosed with any of the following?

|  |        |
|--|--------|
| 1. Diabetes?   | Yes/No |
| 2. Heart or circulatory disorders?   | Yes/No |
| 3. Stomach or intestinal disorders?  | Yes/No |
| 4. Any medical condition which causes difficulty sleeping?   | Yes/No |
| 5. Any psychiatric disorder that may be affected by night work?                                      | Yes/No |
| 6. Chronic chest disorders, where night time symptoms might be particularly troublesome e.g. asthma? | Yes/No |
| 7. Any medical condition requiring medication to a strict timetable?                                 | Yes/No |
| 8. Any other health factors that might affect fitness for night work?                                | Yes/No |



If Yes –

Would working between the hours of 11pm and 6am have a detrimental effect upon your health?

Yes/No

If so how?

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What measures can G-Force take to ensure your health remains unaffected?

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G-Force Logistics will share any relevant health information with our clients in order to ensure your safety at work, by completing and signing this form you are agreeing to allow G-Force to share this information

We will only share this information with relevant parties

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|----------------|---------------------------|
| Surname:       | Forename(s):              |
| Date of Birth: | Contact telephone number: |
| Email:         |                           |
| Job Title:     |                           |

Once completed, please email this form to [candidates@g-forcelogistics.co.uk](mailto:candidates@g-forcelogistics.co.uk)