**Night Workers - Annual Health Screening**

Annual health screening is specifically designed to identify possible areas of special need in relation to night work.

We would encourage staff to complete the questions below if you are experiencing any health issues or have any health concerns that they would like to discuss with the Occupational Health & Wellbeing team.

**Who should complete this annual health screening?**

In determining who should complete this annual health screening, Under Working Time Regulations, all employees who participate in night working between 22:00hrs – 06:00hrs should be offered an annual health assessment. In order to identify those staff who may require Occupational Health advice/support, employees who participate in night work are asked to answer the following questions.

|  |  |  |
| --- | --- | --- |
| **Do You Suffer from any of the following conditions?** | **Yes** | **No** |
| Diabetes? |  |  |
| Heart or circulatory disorders? |  |  |
| Stomach or intestinal disorders? |  |  |
| Any condition which causes difficulty sleeping? |  |  |
| Chest disorders, especially at night? |  |  |
| Any medical conditions requiring medication to a strict timetable? |  |  |
| Any other health factors that might affect fitness for night work? |  |  |
| Would you like a health assessment to be arranged with a Health & Wellbeing adviser? |  |  |

If you respond **`YES`** to any of the above questions you need to inform your manager who will complete a referral to Occupational Health and Wellbeing (https://auh.cohort.hosting/Cohort10/LogOn.aspx).