

# Health questionnaire

Name:

Date:

Please fill in the following questionnaire and return to Bilinguagroup

1. Have you ever suffered from any of the following?
  - Diabetes, particularly where treatment with insulin injections on a strict timetable is required;
  - Some heart and circulatory disorders, particularly where factors such as physical stamina are affected;
  - Medical conditions affecting sleep;
  - Some chronic chest disorders where night-time symptoms may be particularly troublesome;
  - Other medical conditions requiring regular medication on a strict timetable;
  - Stomach or intestinal disorders, such as ulcers, and conditions where the timing of a meal is particularly important;
2. Do you regard yourself fit and able for night work?

If you have answered 'Yes' to any of the questions in part 1 please provide relevant details below:

I confirm that the above is true and correct

Date

Signed