Highfield employee health questionnaire

HANDOUT
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MODULE 6

Please complete all the following questions. Answers will be treated with strict confidence

Name: ..... Tel No: .....

Address: .....

.....

.....

Name & address of doctor: .....

.....

Current job: ..... Position applied for: .....

Have you ever had or been a carrier of:	**Please tick the appropriate box**	
A foodborne disease	☐ **Yes**	☐ **No**
Typhoid or paratyphoid	☐ **Yes**	☐ **No**
Tuberculosis	☐ **Yes**	☐ **No**
Parasitic infections	☐ **Yes**	☐ **No**
Has any close family contact suffered from any of the above:	☐ **Yes**	☐ **No**
Have you suffered from any of the following:		
Serious diarrhoea or vomiting	☐ **Yes**	☐ **No**
Skin trouble	☐ **Yes**	☐ **No**
Boils, styes or septic fingers	☐ **Yes**	☐ **No**
Discharge from the ears, eyes, gums/mouth	☐ **Yes**	☐ **No**

If you have answered yes to any of the above, please provide details of dates and if the doctor was contacted:

.....

.....

Please give details of any other medical problems which may affect your employment as a food handler, for example, recurring gastrointestinal disorder:

.....

.....

Have you been abroad within the last two years:	☐ **Yes**	☐ **No**
Did you suffer any illness whilst abroad:	☐ **Yes**	☐ **No**

Where and when: .....

Should it be necessary, will you provide such specimens that may be required by the Company to ensure that you are not a carrier of any organism that may infect food: ☐ **Yes** ☐ **No**

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief. A deliberate failure to provide accurate and truthful answers may be considered as gross misconduct.

Signed: ..... Date: .....