"Write the Record" **Pre Requisite Program**

Employee Medical Questionnaire

NAME:	
Employment Date:	Job Title

Please answer all questions	Please tick Yes	No
Have you ever had or been a carrier of:-		
A food borne disease?		
Typhoid or paratyphoid?		
Tuberculosis?		
Parasitic infections?		
Has any close family contact suffered from any of the above?		
At present are you suffering from any of the following:-		
Diarrhoea or vomiting?		
Skin trouble?		
Boils, styes or septic fingers?		
Discharge from the ears, eyes, gums or mouth?		
Have you been abroad within the last two years? If yes, where?		

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

Should it be necessary, will you agree to provide such specimens that may be required by the business to ensure that you are not a carrier of any organism which may affect food?

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.

Signed: Date:

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