

CONFIDENTIAL

FOOD HANDLER DECLARATION OF HEALTH

To be completed by all food handlers on return to work following:

- Absence due to ill health
- Overseas travel (i.e. outside the UK and Ireland)

Name:	Date of birth:
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Please tick appropriate box	Yes	No
1. Have you suffered from vomiting, diarrhoea or a bowel disorder during the last seven days?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently suffering from an infection of the skin, ears, nose, throat or eyes?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been in contact with anyone suffering from Enteric fever, Typhoid or Paratyphoid, during the last 21 days?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration of Health		
Please tick appropriate box:	Yes	No
4. I am currently free from all the above symptoms	<input type="checkbox"/>	<input type="checkbox"/>
5. I am currently free of any skin rash affecting my hands, forearms and face	<input type="checkbox"/>	<input type="checkbox"/>
6. I have been free from sickness or bowel disorder for 48 hours	<input type="checkbox"/>	<input type="checkbox"/>
Signature of employee:	Date:	

Signature of supervisor:

Date:

For OHS use only: OHA Name:	Fit to return to work <input type="checkbox"/> Date:	Unfit <input type="checkbox"/>	<input type="checkbox"/> Stool sample sent Date: <input type="checkbox"/> Refer to GP Date:
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