

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?		
2. Are you currently suffering from an infection of the skin, ears, nose, throat or eyes?		
3. Have you been in contact with anyone suffering from Enteric fever, Typhoid or Paratyphoid, during the last 21 days?		

Declaration of Health		
Please tick appropriate box:	Yes	No
4. I am currently free from all the above symptoms		
5. I am currently free of any skin rash affecting my hands, forearms and face		
6. I have been free from sickness or bowel disorder for 48 hours		
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"/> <div style="background-color: black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Stool sample sent Date:
			<input type="checkbox"/> Refer to GP Date: