

Salford City Council

Advisory Note 33 Example of a Employee Medical Questionnaire

The information provided here will be treated in the strictest confidence and will only be used to assess whether you are fit to handle, prepare or otherwise work with food.

Name: _____

Address: _____

Department _____

Have you ever suffered from any of the following?	Yes/ No	If yes :	
		Date	Name & Address of Doctor or Hospital
Food Poisoning			
Dysentery			
Typhoid or Paratyphoid			
Tuberculosis			
Parasitic Infection			
Has any close family contact suffered from any of the above?			Name:
Have you suffered from any of the following within the last two years?			
Diarrhoea or vomiting			
Skin rash			
Recurring boils			
Discharge from the ear, eye or nose			
Please give details of any other medical problems which may affect your employment as a food handler			
Have you been abroad within the last two years?			Where?
Should it be necessary, will you agree to provide such specimens that may be required by the company doctor to ensure that you are not a carrier of any organism which may affect the safety of food?			Yes/No

I declare that the above statements are true and complete to the best of my knowledge and belief

Signed: _____

Dated _____