

Health/Return to Work Questionnaire

This form should be completed by:

- Potential staff – before starting work (first shift)
- Existing staff – on return from holiday abroad
- Existing staff – before returning to work after illness

Depending on the answers given, this form will help the FBO or Responsible Person to assess staff fitness to work in a food handling environment.

Employee Name: _____

Name of person completing form (if different from above): _____

Reason for form completion (please tick relevant box)

Pre-employment Health Questionnaire

Return to work (sickness)

Return to work (holiday) *

*Please list the countries visited: _____

The following questions require a Yes or No answer.

Please answer them to the best of your ability.

Question	Yes	No
<p>1. Have you, or anyone you live with, suffered from any of the following in the past seven days?</p> <ul style="list-style-type: none"> • Diarrhoea and/or vomiting • Stomach pain, nausea or fever <p>1a If you answered “Yes” to the above question, have you (or the person living with you) been symptom free for 48 hours or more?</p>		
<p>2. Are you currently experiencing any skin infections on the hands, arms or face?</p>		
<p>3. At present, are you experiencing any form of discharge from your eyes, ears, gums or mouth?</p>		
<p>4. Do you currently have any boils, styes or septic lesions on your fingers or hands?</p>		
<p>5. Do you have jaundice? (Symptoms include: fatigue, yellowing of skin, abdominal pain, pale stools, weight loss, fever and dark urine)</p>		
<p>6. Do you have any recurring bowel disorders or infections of the skin, ears or throat?</p> <p>If you have answered Yes, due to a bowel disorder, is your bowel disorder a result of a non-infective disease such as IBS, Crohn’s Disease or similar?</p>		
<p>7. Have you ever had, or are you known to be a carrier of, typhoid, paratyphoid or any type of Salmonella?</p>		
<p>8. To the best of your knowledge, within the last 21 days, have you had any contact with anyone who may be suffering from typhoid or paratyphoid?</p>		



Scan the QR code or visit ncass.org.uk/safetymanagementsystem for additional resources.

If the answer is "Yes" to any question apart from Question 1 or 6 the individual should be excluded from any duties involving food handling.

If the answer to both Questions 1 and 1a is "Yes" exclusion is not required.

In the case of a response of "Yes" to Question 6 indicating a non-infective bowel condition, medical confirmation should be requested. This might be through a medical clearance certificate or a GP letter. Non-infective bowel disorders are not a barrier to working with food, though very good personal hygiene would be a requirement in such cases.

In the case of a response of "Yes" to Question 6 where there are recurring skin, ear or throat infections, medical advice on suitability for food handling should be sought.

Where there are any doubts about exclusion, advice can be sought from the local Environmental Health Department.

Details of the illness and clearance for return to work should be recorded in the Daily Diary Weekly and 4 Weekly Checks sections.

For further information, please consult the Fitness to Work (Section 11) of the Compliance Manual.

I confirm that I have read and understood the information contained within this document.

Signature:

Date:
