



### Employee Health Questionnaire

Please complete all of the following questions. The information you give will remain confidential and is for company records only.

Job Position:	Employment Start Date:
Name:	Tel No:
Address:	
Doctor's Name & Address:	
1. Have you ever had any of the following:	
A foodborne disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Typhoid or Paratyphoid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tuberculosis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parasitic infections?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has any close family member suffered from any of the above?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have you recently suffered from any of the following:	
Serious diarrhoea or vomiting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skin trouble.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Boils, styes or septic fingers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discharge from the ears, eyes, gums or mouth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you suffer from any of the following:	
Recurring, skin, ear or eye problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recurring bowel or intestinal disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. If you have answered yes to any of the above questions, please give brief details:	
6. Have you traveled abroad within the last three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. If you have answered yes to question 6, when and where did you travel?	
8. If you have answered yes to question 6, did you suffer any illness whilst abroad or since arriving in the U.K.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. If you have answered yes to question 8, please give details of the illness:	
10. If necessary, will you agree to obtain a medical clearance and a medical certificate from your G.P. to ensure that you are not a carrier of any organism that may affect food safety?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Do you wear spectacles or contact lenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Are you currently taking any prescribed medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>I declare that all of the above information is true and complete to the best of my knowledge and belief:</b>	
<b>Signature:</b> .....	<b>Date:</b> .....

**PART B: to be completed by directors or managers at Baker Boys Ltd. only.**

If the job applicant or current employee has answered yes to any questions in PART A please refer to the Company Sickness Policy and FSA guidance on disease, infection and illness.

**Details in PART A checked by:**

<b>Signature:</b> .....	<b>Position:</b> .....	<b>Date:</b> .....
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**Action Taken:**

Job applicant or current Employee considered fit for employment: <input type="checkbox"/>	Medical clearance required: <input type="checkbox"/>
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Current employee considered unfit for employment: <input type="checkbox"/>	Job applicant considered unfit for employment: <input type="checkbox"/>
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**Comments:**