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 ☐	No ☐
Typhoid or Paratyphoid?	Yes ☐	No ☐
Tuberculosis?	Yes ☐	No ☐
Parasitic infections?	Yes ☐	No ☐
2. Has any close family member suffered from any of the above?	Yes ☐	No ☐
3. Have you recently suffered from any of the following:		
Serious diarrhoea or vomiting?	Yes ☐	No ☐
Skin trouble.	Yes ☐	No ☐
Boils, styes or septic fingers?	Yes ☐	No ☐
Discharge from the ears, eyes, gums or mouth?	Yes ☐	No ☐
4. Do you suffer from any of the following:		
Recurring, skin, ear or eye problems?	Yes ☐	No ☐
Recurring bowel or intestinal disorder?	Yes ☐	No ☐
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 ☐	No ☐
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 ☐	No ☐
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 ☐	No ☐
11. Do you wear spectacles or contact lenses?	Yes ☐	No ☐
12. Are you currently taking any prescribed medication?	Yes ☐	No ☐

I declare that all of the above information is true and complete to the best of my knowledge and belief:

Signature:.....	**Date:**.....

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:		
Signature:……....	**Position:**……	**Date:**……..
Action Taken:		
Job applicant or current Employee considered fit for employment: ☐	Medical clearance required: ☐	
Current employee considered unfit for employment: ☐	Job applicant considered unfit for employment: ☐	
Comments:		