



Food safety advice

EMPLOYEE MEDICAL QUESTIONNAIRE

If you operate a food business, particularly where employees handle, prepare or cook open foods, it is sensible to get new employees, or employees returning to work from an illness or foreign travel, to complete a medical questionnaire prior to starting work.

If a member of staff tells you they are suffering from an illness or disease, such as diarrhoea or vomiting, which could contaminate food you must take appropriate action. This may involve excluding them from work or from certain jobs. If exclusion is required, Staff should not return to work until they have had no symptoms for 48 hours or medical clearance is obtained.

The medical questionnaire will highlight any risks. On the next page is a sample form you could use.

If you have any doubts, you could discuss matter with the Food & Safety Team.

Remember: - medical details are confidential and should not be shared with any one else.

For further information please contact:

**Food & Safety Team
Regulatory Services**

Website: www.coventry.gov.uk
E Mail: ehcommercial@coventry.gov.uk



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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: _____
 OCCUPATION: _____
 DEPARTMENT: _____

Have you suffered from any of the following?:	Yes/No (Circle)	If Yes:	
		Date	Name and address of Doctor or Hospital
Food Poisoning	Yes/No		
Dysentery	Yes/No		
Typhoid or Paratyphoid	Yes/No		
Tuberculosis	Yes/No		
Parasitic Infection	Yes/No		
Has anyone in your immediate family suffered from any of the above?	Yes/No		Name:
Have you suffered from any of the following within the last 12 months?			
Diarrhoea or vomiting	Yes/No		
Skin rash / dermatitis	Yes/No		
Recurring boils	Yes/No		
Discharge from the ear, eye or nose	Yes/No		
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?	Yes/No	Where:	
Should it be necessary, will you agree to provide such specimens that may be required 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: _____ Date: _____

