

Fitness to Work - Assessment Form

This form is for use for by existing staff upon return from illness and for newly employed food handlers.

Name of employee:

Date of assessment:

Reason for assessment

Existing Food Handler

Pre-employment assessment

Return to work after illness

1. Do you suffer now, or have you over the last 7 days suffered from diarrhoea and/or vomiting? Yes/No

If yes, have you suffered from diarrhoea and/or vomiting in the past 48 hours? Yes/No

If no, have you in the last 48 hours taken any medication to control diarrhoea and/or vomiting? Yes/No

2. At present are you suffering from:

skin trouble affecting hands, arms or face? Yes/No

boils, styes or septic fingers? Yes/No

discharge from eye, ear or gum/mouth? Yes/No

3. Do you suffer from recurring skin conditions? Yes/No

4. Do you suffer from recurring bowel disorder? Yes/No

5. Have you ever had or are you known to be a carrier of typhoid or paratyphoid? Yes/No

6. In the past 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid? Yes/No

If the answer to any of these questions is yes the individual should not be employed as a food handler or allowed to handle open food until medical advice has been taken.

Any further action? Yes/No

If yes please state if the following apply

Employment refused

Excluded until (*date*)

Referred to GP/hospital

Moved to low risk task

Manager:

Date:

I hereby declare that the information I have given is correct and I undertake to notify my employer if I suffer from any of the above illnesses/conditions.

Employee:

Date: