



Visitor & Contractor Health Screening Form

We require all visitors who enter food production and/or any other operational (i.e. non office) areas to complete this questionnaire prior to entering these areas.

NAME:		
YOUR COMPANY:		
DATE OF VISIT:		
HAS PHOTO ID BEEN CHECKED?		
HAVE YOU EVER SUFFERED FROM:	Yes	No
1. Typhoid Fever (Enteric Fever)		
2. Paratyphoid Fever (Enteric Fever)		
3. Food Allergy – please give details		
4. Hepatitis or jaundice		
5. During the last 48 hours have you suffered from, or been in contact with anyone suffering from nausea, vomiting or diarrhoea or taken anti-diarrhoeal drugs?		
ARE YOU CURRENTLY SUFFERING FROM :		
1. Productive cough and/or sneezing		
2. Acne, boils, septic cuts or sores		
3. A runny ear		
4. Scaling conditions on the hands, forearms or face?		
5. Sticky or sore eyes?		
6. Are you currently suffering from or have suffered within the last 7 days from Hepatitis or Jaundice?		
7. Have you been outside the UK within the last 3 months		
7.a. If yes, please state where		
7.b. Have you suffered any illness since?		
7.c. If yes, please give details:		
ACTION TAKEN IF ANY ANSWERS ARE "YES"		

We respectfully ask you not to handle any of the food products or surfaces where food is being prepared or transferred, unless given permission to do so.

WE ARE A NUT & SESAME-SEED FREE SITE.

PLEASE ENSURE ANY FOOD BROUGHT TO SITE EVEN FOR YOUR OWN CONSUMPTION ADHERES TO THIS STATEMENT

I have read & understand the Visitors Policy POL028v2 or Contractors Policy FPG010:

Signed By: _____

Checked & Signed By (Host Manager):