## VISITOR HEALTH QUESTIONNAIRE



## **SAMPLE**

The Company handles and delivers fresh produce to a wide range of customers. Although the products handled by us are comparatively low risk, it is essential that any potential for cross contamination by micro-organisms linked with food borne illness is minimised. We therefore request that you complete the following questionnaire.

All information will be treated in the strictest confidence.

Have you ever suffered from any of the following?	YES	NO
Dysentry		
Typhoid or paratyphoid		
Tuberculosis		
Parasitic infections		
Hepatitis		

Have you travelled ab weeks?	road in the last two		
YES	NO		
If yes, please state which countries:			

Within the past 7 days have you suffered from or been in contact with someone suffering from:	YES	NO
Food poisoning		
Diarrhoea or vomiting		
Skin rash		
Recurring boils		
Discharge from the eye, ear or		
nose		
Any other medical problems		
which may be passed to others as		
a food-borne illness		

In order to comply with the law, we regret that visitors who:

- have suffered from any symptoms of a stomach disorder or diarrhoea within the last 48 hrs,
- are suffering from, or carrying a disease likely to be transmitted through food,
- have infected wounds, skin infections or sores will <u>NOT</u> be permitted to visit our fruit handling operational areas.

Data Name Signature					
	Date	Name	Signature		
The above answers are					
correct to the best of my					
knowledge.					
Checked by					
Day 2. I confirm that the					
above answers still apply					
Checked by					
Day 3. I confirm that the					
above answers still apply					
Checked by					
Day 4. I confirm that the					
above answers still apply					
Checked by					
Day 5. I confirm that the					
above answers still apply					
,					
Checked by					