

	QA - HEALTH & SAFETY HACCP - Visitor Health Questionnaire	<i>CODE:</i> 11.02.042
		<i>EDITION:</i> 1
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Food Handling Areas Visitors

Visitor's Name:

Purpose Of Visit:

Department:

Employer:

<u>Health Questions</u>	<i>Yes</i>	<i>No</i>
Have you ever had, or are you known to be a carrier of, enteric fever [typhoid or paratyphoid]?		
Have you now, or have you over the last seven days, suffered from diarrhea and/or vomiting?		
Have you been abroad in the last three weeks? If YES, were you ill?		
At present are you suffering from Skin trouble infected hands, arms or face?		
At present are you suffering from Discharge from eye, ear or gums/mouth?		
Do you suffer from a recurring gastrointestinal disorder?		

I declare that the answers to these questions and any additional information supplied are accurate to the best of my knowledge. I agree to report immediately to the security manager if I should suffer from any of the above whilst on site.

Signed:

Date:

Official Use By security department

I declare that I have reviewed the responses on the visitor's health questionnaire and determined that the applicant is [_____] as applicable.

- 1- Approved to enter food handling areas
- 2- NOT approved to enter food-handling areas.

Signed:

Date: