

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

NAME

ADDRESS

POST APPLIED FOR

CURRENT OCCUPATION

Have you ever had or been a carrier of:

| | |
|----------------------|-----|
| A food borne disease | Y/N |
| Typhoid/paratyphoid | Y/N |
| Tuberculosis | Y/N |
| Parasitic infection | Y/N |

Has a close family contact suffered from any of the above? Y/N

Have you ever suffered from any of the following?

| | |
|--------------------------------|-----|
| Skin trouble | Y/N |
| Boils/styes/septic fingers | Y/N |
| Discharge from ears/gums/mouth | Y/N |

Please provide details of any other medical problems that may affect your employment as a food handler, e.g., recurring gastrointestinal illness.

Have you been abroad within the last two years? Y/N

If so, where:

Should it be necessary will you agree to provide such specimens that may be required by the company to ensure that you are not a carrier of any infection that may affect food? Yes/No

I declare that all the above statement is true and complete to the best of my knowledge.

Signed Date