

## FITNESS TO WORK ASSESSMENT FORM FOR USE BY EMPLOYERS

This form may be used for existing food handlers, for new food handlers on recruitment and for return of food handlers to work after illness.

NAME OF EMPLOYEE: \_\_\_\_\_ DATE OF ASSESSMENT: \_\_\_\_\_

REASON FOR ASSESSMENT (Tick Box)	Existing food handler	<input type="checkbox"/>
	Pre-employment assessment	<input type="checkbox"/>
	Return to work after illness	<input type="checkbox"/>

1. Do you suffer now, or have you over the last *seven days* suffered from diarrhoea and/or vomiting? YES/NO  
 If **yes**, have you suffered from diarrhoea and/or vomiting within the last 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: YES/NO
  - i) Skin trouble affecting hands, arms or face? YES/NO
  - ii) Boils, styes or septic fingers? YES/NO
  - iii) Discharge from eye, ear or gums/mouth? YES/NO
  
3. Do you suffer from: YES/NO
  - i) Recurring skin conditions? YES/NO
  - ii) A recurring bowel disorder? YES/NO
  
4. Have you ever had, or are you known to be a carrier of Typhoid or Paratyphoid? YES/NO
  
5. In the last *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 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.**

Is further action required? YES/NO

If yes, please state

Employment refused	<input type="checkbox"/>	
Excluded from work	<input type="checkbox"/>	From: _____ (Date)
Referred to GP	<input type="checkbox"/>	
Moved to low risk food handling	<input type="checkbox"/>	

OWNER/MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

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

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_