|  |  |
| --- | --- |
| Health and Safety Procedure**HSP17 Food Handlers: Fitness to Work Procedure** | BS1995_Haringey_TapeType_485C_PMS.eps |

**Food Handlers Pre-Placement / Visitor / Returning from abroad**

**This form should be completed by the individual and used by Management to establish the health status of new food handling staff, visitors and staff returning from abroad. This form will be retained by the Manager/Head Teacher and within the employee’s personnel records.**

Personal information generated by completion of this form provides a medical view of your fitness for employment as a food handler or for a specific task within or near a food handling area. Without this information, your assessment of fitness will not proceed further. The Manager/Head Teacher may require further information about your health before coming to a view on your fitness. Your consent to further reports from your medical professionals may be sought in these circumstances before a working with or around food. All such medical information will be kept in strict medical confidence by the Manager/Head Teacher.

**Please complete all sections and return to the Manager/Head Teacher**

\* Please delete where necessary

|  |  |
| --- | --- |
| **SECTION 1 – Personal details** |  |
| Surname: | Sex: M/F\* |
| Forename: | Date of Birth: |
| Address: | Home/Mobile telephone number |
| Job Title: | Directorate: Dept: |
| No. of hours worked/week: | Do you have a basic Food Hygiene certificate Y/N\*If YES, year certificate issued |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2 – Health Details** | **YES** | **NO** | **If Yes, please give details with dates:****(Continue on additional sheet if necessary)** |
| Have you ever had: Typhoid, paratyphoid fever, OR are you now known to be a carrier of *Salmonella* Typhi or Paratyphi? |  |  |  |
| Are you a carrier of any type of *Salmonella*? |  |  |  |
| In the last 21 days, have you had contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid? |  |  |  |
| At present or in the last 7 days, are you suffering from:1. Diarrhoea and/or vomiting?
2. Stomach pain, nausea or fever?

  |  |  |  |
| At present, are you suffering from:1. Skin infections of the hands, arms or face, e.g. boils, styes, septic fingers, septic fingers, discharge from eye / ear / gums / mouth.
2. Jaundice.
 |  |  |  |
| Do you suffer from a recurring bowel disorder? |  |  |  |
| Do you suffer from recurring infections of the skin, ear or throat? |  |  |  |
| Countries visited in the last 6 weeks |  |

I hereby declare that all-medical information given by me is true and accurate to the best of my belief and knowledge. I consent to the use of my confidential medical data by the Manager/Head Teacher for the purpose of assessing my fitness for employment as a Food Handler or as a visitor to a food handling area.

**Any ‘YES’ answer will require Management to assess the individual’s suitability to work. This procedure, or health professionals (including the Council’s Occupational Health Service), or the Corporate Health and Safety Team, or the Council’s Food Safety Team can also provide advice.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of individual: |  | Date: |  |
| Management to describe action taken: |  |
| Action taken by [insert name]: |  |