

CONFIDENTIAL

Occupational Health

Supplementary Questionnaire for Food Handlers

Surname	 Title	
First names	 Date of Birth	
Job title	 Department	

Data Protection Information

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement

Please answer by ticking YES or NO. Ticking YES does not preclude you from working as a food handler, but an occupational health assessment may be required.

1.	Ha	ve suffered from diarrhoea or vomiting over the last 7 days?	Yes 🗌 No	
2.	Do	you now, or have you ever suffered from:		
	a) E	Eczema, dermatitis or any other skin condition affecting hands, arms or face?	Yes 🗌 No	
	b) E	Boils, styes or septic fingers?	Yes 🗌 No	
	c) [Discharge or infection of the eyes, ears, gums or mouth?	Yes 🗌 No	
3.	Do	you suffer from recurring diarrhoea, vomiting or a bowel disorder?	Yes 🗌 No	
4.	a)	Have you ever had, or are you known to be a carrier of typhoid or paratyphoid (a type		
		of Salmonella)?	Yes 🗌 No	
	b)	In the last 21 days have you been in contact with anyone, at home or abroad, who may		
		have been suffering from typhoid/paratyphoid?	Yes 🗌 No	
5.	Do	you suffer, or have you ever suffered from any allergic condition with food stuffs e.g. nuts,		
	fisł	n, eggs etc?	Yes 🗌 No	
If you answer YES to any of the above, please give details overleaf				

DECLARATION

I certify that the above information is correct to the best of my knowledge. I understand that no medical details will be divulged without my permission to any person outside the Occupational Health Service, but an opinion about fitness for food handling work will be issued to management.

Signature of employee _____ Date _____

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Initial decision	Date	Comment/action	Date	
Suitable for post		Recruiting officer informed		
Further information required		Candidate contacted		
OHA appt		Recruiting officer informed		
		Appt arranged		
OHP appt		Recruiting officer informed		
		Appt arranged		
Outcome				
Suitable for post				
Suitable for post with modifications	/restrictions			