SC7 – 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 ☐
Pre-employment assessment ☐
Return to work after illness ☐

1. 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:
   i) infected wounds, skin infections or sores? **YES/NO**
   ii) boils, styes or septic fingers? **YES/NO**
   iii) discharge from eye, ear or gums/mouth? **YES/NO**

3. Have you ever had, or are you known to be a carrier of typhoid or paratyphoid? **YES/NO**

4. 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 question is 'yes', the individual should not be permitted to handle food or enter food handling areas if there is any likelihood of direct or indirect contamination. Further advice should be sought e.g. from your Environmental Health Officer and/or Doctor.

ACTION TAKEN

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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** .....