

UCL Human resources

Occupational Health & WELLBEING

**PRE-PLACEMENT HEALTH QUESTIONNAIRE FOR FOOD HANDLERS**

This questionnaire will be used to assist in the assessment of your fitness for food handling duties. To access the information we hold on you and to understand how data is stored please see:

[www.ucl.ac.uk/hr/occ\_health/faqs/confidentiality\_statement.doc](http://www.ucl.ac.uk/hr/occ_health/faqs/confidentiality_statement.doc)

|  |  |
| --- | --- |
| **Name:**  | **Contact Telephone Number:**  |
| **Department:**  | **Date Of Birth:**  |

Have you had any of the following during the past year?

|  |  |  |
| --- | --- | --- |
| 1. | Diarrhoea and vomiting/food poisoning? | Yes [ ]  No [ ]  |
| 2. | Ear trouble or infected ear? | Yes [ ]  No [ ]  |
| 3. | Chest trouble with cough and phlegm? | Yes [ ]  No [ ]  |
| 4. | Eczema/dermatitis/skin problem? | Yes [ ]  No [ ]  |
| 5. | Acne, boils, eye infections, or septic fingers? | Yes [ ]  No [ ]  |
| 6. | Dental Problems? | Yes [ ]  No [ ]  |
| 7. | Have you had health problems during or following travel abroad? | Yes [ ]  No [ ]  |

If you have answered **YES** please give details (dates, medications, treatments etc) HERE:

*Thank you for completing the Pre placement questionnaire for Food Handlers. Please return this form to the Occupational Health Service at the address provided. Failure to do so may delay your application****.***

* *I declare that I have answered the questions truthfully to the best of my knowledge.*
* *I understand that I may be required to attend for an Occupational Health assessment.*
* *I understand that my manager will be notified of the outcome of my assessment for Food Handlers*

 **SIGNED:** **DATE:**