



Red Tractor Assurance Infectious Disease Notification Form

Name.....

Job Title..... Employee No.....

No. of days off: Total..... from..... to.....

Reason for absence.....

If reason for absence has no food safety implications then ask team Supervisor/Manager to sign off and return form to the Technical Dept.

If reason for absence has potential food safety implications please answer questions below:

No	Question	Yes	No
1.	Have you suffered from any of the following in the last 48 hours? <ul style="list-style-type: none"> • Stomach pain • Vomiting or diarrhoea • Skin complaints • Discharge from the eyes /ears /mouth including heavy cold /cough 		
2.	When were your last gastric symptoms experienced? Date and Time?		
3.	Are you taking any medication in relation to this illness?		
4.	Have you visited a doctor or hospital during this period?		
5.	Have you travelled abroad in the past 3 months?		
6.	Have you or a close member of your family been exposed to any of the following in the last 21 days? <ul style="list-style-type: none"> • Hepatitis or Jaundice • Salmonella or e-coli • Typhoid or Paratyphoid 		

If absent for more than 7 days, you will be required to obtain a Medical Certificate from your doctor.

Print Name.....

Signature.....

Date.....



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For completion by the Team Supervisor/Manager and return to Technical Dept

	Yes	No
Permitted to return to work handling food?		
Comments:		

Print Name.....

Signature.....

Date.....