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? * 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?* 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…………………………………………………………………………………………………………………………………………………….

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

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

Print Name...……………………………………..……………………………………………………………………………………………

Signature…………...……………………….………………………………………………………………………………………………….

Date………………………………………………………………………………………………………………………………………………..