**SECTION 6 PERSONAL HYGIENE**

# PERSONAL HYGIENE

Good personal hygiene is a basic requirement for implementing a strong food safety programme.

All foodservice employees must follow Standard Operating Procedures for personal hygiene that comply with the Food Company Code and that are customized for their work area.

# The following standards should be followed:

1. **REQUIREMENTS FOR WASH HAND BASINS**
   * wash hand basins must be supplied with all statutory requirements i.e. hot water, plug, nailbrush (plastic), liquid bactericidal (COSHH registered) soap and hand drying facilities (preferably disposable paper towels)
   * provide lidded bins near to wash hand basins
   * all wash hand basins must be clearly designated with appropriate signage i.e. “now wash your hands” for staff toilets and “hand wash only” for basins in food zones
   * display notices for staff at food zone entrances stating “when entering a food zone, please wash your hands”
   * ensure that hand drying facilities are sited near the wash hand basin
   * do not restrict access to wash hand basins
   * appoint a responsible person to check wash hand basins regularly to ensure that all the statutory requirements are supplied and that the facilities are kept in a clean condition

# PERSONAL CLEANLINESS AND HYGIENE

* + cuts, burns and sores must be covered with blue, waterproof dressings
  + persons with septic cuts or boils must not handle food
  + fingernails must be kept clean and short and nail varnish must not be worn
  + Jewellery, hair grips and watches should be removed. Only plain gold wedding rings and sleeper earrings are allowed
  + strong smelling perfume/aftershave/heavy make-up should not be worn by food handlers
  + smoking is NOT ALLOWED in food rooms or whilst handling open food
  + do not touch the nose, mouth or hair during food preparation
  + do not cough or sneeze over food
  + staff should not eat or drink in a food zone
  + personal belongings should not be stored in a food zone - alternative secure facilities should be provided
  + all food handlers MUST wash their hands on entering a food room
  + hands MUST be thoroughly washed after using the toilet, handling raw food, blowing the nose, handling refuse, eating, smoking, cleaning and at frequent intervals during the work period

food handlers must have clean personal habits. Neatness and cleanliness should be included among selection criteria

- hair should be clean and washed regularly and enclosed by suitable head covering, hair nets worn under headgear are recommended

# PERSONAL HYGIENE, SKIN CONDITIONS DATA SHEET

\* It is recommended that eczema sufferers do not handle food

* Candidates for positions involving food handling should be screened for skin complaints at the interview stage
* As with other skin complaints it is possible that open skin wounds/rashes could become infected. This secondary infection could then be transmitted during food handling.
* When suffering from open skin wounds/rashes DO NOT HANDLE FOOD
* If suffering from open skin wounds/rashes report the fact to the management
* To prevent flaking skin being introduced to the food as a foreign body ALWAYS wear disposable gloves
* Disposable gloves and cotton liners should be changed at hourly during continuous duty i.e. handling the same type of food in the same state

\* Only when disposable gloves are to be worn is it acceptable for food handlers with eczema to use their own supply of mild soap for hand washing

* No other food handler should use the mild soap permitted for hand washing by eczema sufferers, who will then wear disposable gloves
* Special soap for eczema sufferers must be clearly marked indicating the restrictions on its use
* Only when disposable gloves are to be worn is it acceptable for food handlers with eczema to wear barrier cream on their hands
* All medication must be stored away from the food handling area

# MEDICAL RECORDS/DOCUMENTATION

* + EC and UK legislation requires that employers must satisfy themselves that no food handler presents a hygiene risk to the public. Therefore, all new staff to be engaged on food handling duties must complete a Pre-Employment Questionnaire, sample at end of this section.
  + any food handler exhibiting food poisoning symptoms i.e. diarrhoea or vomiting or suspected of carrying food poisoning organisms should be excluded from any food handling or associated duties which would expose food to risk of contamination until they have satisfied health officials with the necessary requirements which may include faecal testing
* food handler with skin, nose, throat or bowel disorders must inform their supervisor immediately and must not handle food until medical clearance has been obtained (see 6.5)
* persons returning from a period of absence through illness or a holiday abroad should complete the medical questionnaire at the end of this section
* draw up a staff exclusion policy

**PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE FOR FOOD HANDLERS**

Name: Home address:

Occupation:

Company address: Tel:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/ No** | **If yes. .**  **Date: Doctor or Hospital** | |
| Have you ever suffered from: |  |  |  |
| Food poisoning |  |  |  |
| Dysentery |  |  |  |
| Typhoid Paratyphoid Enteric fever |  |  |  |
| Tuberculosis |  |  |  |
| Parasitic infections |  |  |  |
| Has any close family contact suffered from any of the above: |  |  | **Name:** |
| Have you suffered from any of the following within the last seven days: |  |  |  |
| Diarrhoea or vomiting |  |  |  |
| Skin rash/Eczema |  |  |  |
| Recurring boils, styes or septic fingers |  |  |  |
| Infection or discharge from ear, eye, nose, gums/mouth |  |  |  |
| Please give details of any other medical problems which may affect your employment as a food handler |  |  |  |
| Have you been abroad within the last two years? |  |  |  |

Should it be necessary will you agree to provide such specimens that may be required by the company doctor to ensure that you are not a carrier of

any organism which may infect food? Yes/No

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief:

**Signed: Signed: \_ \_ \_ \_ \_**

(Employee) (Supervisor)

**Date: Date: Supervisor’s comments:**

# QUESTIONNAIRE FOLLOWING ABSENCE FROM WORK, ILLNESS OR HOLIDAY

This questionnaire must be completed on return to work after absence due to injury, sickness or holiday.

|  |  |  |
| --- | --- | --- |
|  | **Holidays - Countries visited** | **Length of stay from - to** |
| **Name:** |  |  |
| **Address:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Post code:** |  |  |

Whilst away from work, have you:

|  |  |  |
| --- | --- | --- |
| 1 | Suffered from sickness, diarrhoea or any stomach disorder | Yes/No |
| 2 | Been in contact with anyone with typhoid, paratyphoid, typhus, cholera, gastro-enteritis | Yes/No |
| 3 | Suffered from any infectious conditions of the skin, throat, nose, eyes or ears | Yes/No |

# Additional Comments:

I certify that I have answered the questions to the best of my knowledge and belief.

# Signed: (Employee)

**Name:**

**Date: / /**

**Department:**

(This page should be photocopied)

# FOOD HANDLERS - FITNESS TO WORK

Food contaminated by harmful micro-organisms including bacteria and viruses can cause illness. The food contamination can be by food handlers who are suffering from certain infections or who are carriers of the infections.

The Department of Health published guidelines for Food Business Managers in 1995 to help prevent the introduction of these infections into the workplace and into food by food handlers. The following is a summary of the key aspects of these procedures:

# Role of Management

Managers must minimise the risk of microbiological food contamination by:

1. explaining good hygiene practice to employees and visitors and ensuring that employees have a sound working knowledge of the principles of hygiene,
2. arranging training, instruction and supervision of food handlers in the safe handling of food,
3. control of visitors, and sub-contractors in food areas to avoid possible contamination,
4. advising employees of their legal obligations to report any infectious or potentially infectious condition,
5. excluding infectious or potentially infectious food handlers in accordance with these guidelines.

# Food Handlers Responsibilities

Food handlers must:

* practice good personal hygiene
* maintain good hygiene practices in the workplace
* understand their responsibility for reporting any infectious or potentially infectious condition to their manager.

Food handlers include:

1. Those employed directly in food production, preparation, sale and service in manufacturing, retail and catering

businesses.

1. Those carrying out repair or maintenance of equipment in food handling zones.
2. Visitors to food handling areas, including EHO’s, delivery staff etc.

# Risks and Preventative Measures

* 1. **Gastrointestinal Illness**

Diarrhoea and vomiting may be indicative of gastrointestinal infection which must be promptly reported.

# Action

* Managers must encourage the prompt reporting of diarrhoea and vomiting by food handlers. Anyone who has diarrhoea and vomiting must report to their line manager, who should ensure they leave the food area immediately. They would normally leave the premises, but could be given safe alternative work that does not involve contact with open food or with food surfaces and equipment in areas where open food is stored or processed.
* If vomiting has occurred, all contaminated surfaces and equipment is to be cleaned and sanitised with all food that may have been contaminated being disposed of.
* All toilet door and appliance handles, hand plates, taps and surfaces must be cleaned and sanitised in the event of a food handler reporting diarrhoea and vomiting.
* If there is only 1 bout of diarrhoea and vomiting within 24 hours and no fever, food handling duties may be resumed, but staff are to be reminded of the need for stringent personal hygiene practices.
* If symptoms persist, medical advice should be obtained and return to work should only be sanctioned if:
  + there has been no vomiting for 48 hours after treatment has ceased,
  + bowel habits have returned to normal for 48 hours after treatment.

# Stool Testing

Negative stool samples are only a necessary condition of employment or return to work after typhoid or paratyphoid infections and infection caused by Verocytotoxin producing E.coli (VTEC).

# Infections Requiring Special Consideration

* + 1. **Enteric Fever** - Typhoid and paratyphoid fevers, known as enteric fever, require special handling due to the severity of the illness, and the likelihood that the offending organisms being “carried” for long periods with the subsequent risk of contamination of food.

# anyone suffering from enteric fever must be Immediately excluded from food handling.

* **the local Environmental Health Department must be contacted so that they can carry out an investigation and effect management control of the**

**individuals concerned.**

* **Food handlers who have been in close domestic**

**contact with known cases or exposed to an outbreak in the UK or abroad, must also be excluded from food handling and advice sought from the local Environmental Health Department.**

* + 1. **VTEC** - The common strain is E.coli 0157:H7 and where identified in a food handler they are to be immediately excluded from the workplace until the bowel habit has been normal for 48 hours, and after two negative faecal samples, taken 48 hours apart, have been obtained and verified.
    2. **Hepatitis A** - Food handlers diagnosed with this infection are to remain off work for seven days after the symptoms, usually manifested as jaundice,have appeared. Advice should be obtained from either a GP or Local Health Authority health care professional.

# Skin Conditions

* Food handlers with lesions on exposed skin (hands, face, neck or scalp) that are actively weeping or discharging must be excluded from work until the lesions have healed, even if they are covered with a suitable waterproof dressing.
* Clean wounds must be covered completely with an appropriate coloured waterproof dressing but there is no need to discontinue food handling.
* Infected lesions on non-exposed skin (e.g. legs or back) are not

a bar to food handling duties. However, the continuing need for meticulous personal hygiene practices must be emphasised.

# Eyes, Ears & Mouth Infections

* Any food handler whose eyes, ears, mouth or gums are weeping
* Or discharging, must be excluded from food handling until they are better.

# Other Illness or Disease

Certain other illnesses or diseases do not generally present a risk of microbiological contamination of food, and as such sufferers need not necessarily be prevented from carrying out food handling duties. However, if in any doubt, advice should be sought from a GP. Examples of these conditions are:

- Non-infective gastrointestinal disorders (e.g. ulcerative colitis) any change in normal bowel habit should be investigated and

* treated as potentially infectious.
* Chest and other respiratory diseases.
* Blood borne infections (HIV, Hepatitis B or C).

However, the need for good personal hygiene should again be emphasised.

# Monitoring Staff Illness

* A record should be maintained detailing incidents of staff illness in particular any incidents of diarrhoea, sickness, abdominal symptoms, septic sore throats or similar.
* A separate register marked “medical - confidential” should be held by the General Manager or a nominated representative.
* In the event of a member of staff being absent from work due to illness/infection/holiday, the following questionnaire should be completed:

A Food Handlers Declaration form is provided for copying for ongoing use.

# PROTECTIVE CLOTHING

* + the types of protective clothing and permitted standards of dress should be clearly defined. These should protect the food from contamination of foreign bodies i.e. pens, loose buttons, fibres etc
  + protective clothing should be clean, washable, light coloured and appropriate to the work being carried out.
  + ordinary clothing should be completely covered and if short sleeved overalls are worn, clean forearms must be visible.
* buttons must be securely fastened but press studs are preferable.
* staff must be aware that protective clothing is worn to protect food from contamination.
* protective clothing must not be worn outside the food premises and not for travelling to and from work.
* outdoor clothing and personal belongings must be stored in suitable lockers and not brought into food rooms.
* aprons should be suitable to the type of operation, light coloured and CLEAN.
* Discard torn or badly worn aprons. Cleansable hooks should be provided for hanging up clean aprons.
* boots may be provided in wet areas. They should be anti-slip, unlined and easy to clean.
* rubber gloves should be clean and torn gloves should be discarded. If in contact with food, gloves should be of a different colour to detect detached pieces. After use, gloves should be thoroughly sanitised and dried.
* thin, disposable gloves are used to prevent hands coming into direct contact with high risk food. These should be disposed of at breaks in food preparation. Hands should be washed thoroughly before pulling on gloves.
* ensure that protective clothing is changed/washed frequently and that clean supplies are always available.
* provide facilities for storage of soiled, protective clothing until it is cleaned. These facilities must not be situated in food zones and must be separate from clean, white protective clothing.







# CLEANLINESS OF STAFF AREAS

* + separate, suitably equipped changing rooms and toilets must be provided for each sex
  + changing rooms must be cleaned regularly and well ventilated. Staff areas must be kept clean and uncluttered of any miscellaneous items
  + a designated persons should be responsible for cleaning staff areas. Soiled crockery/food debris build-up must not be allowed. Cleaning standards should be regularly monitored
  + lockable lockers should be provided for staff to store personal belongings
* implement/designate segregation of “no smoking” areas
* aim to display relevant information to increase staff awareness of hygiene related issues.

- all wash hand basins to be clearly designated with “wash your hands” signage and to be stocked with all statutory requirements i.e. bactericidal soap, nailbrushes and disposable towels

# TREATMENT OF BLOOD/BODY FLUID SPILLAGES

(To be read in conjunction with 6.9)

* + where there is a possibility of contact with blood or other body fluids,
  + disposable plastic gloves and plastic aprons should be used to effect clean up
* disposable paper towels should be used for mopping up
* all items to be disposed of should be placed in tied plastic bags or burned. Clothing to be washed on the hottest cycle
* the area to be mopped should be disinfected using one part good household or commercial bleach with 10 parts water. Bleach will kill the aids virus but is harmful to skin - **HANDLE WITH CARE**
* take care when mopping not to increase the risk of contamination.

Contain the spillage by spraying the disinfectant in a cycle around the spill and mopping towards the centre. Never spray disinfectant directly into the spill as this creates an aerosol

* if the spill involves glass, care must be taken to avoid injuring oneself (see glass policy)
* employees should ensure that whenever there is a possibility of contact with
* body fluids, any abrasions or cuts they may have are covered with waterproof
* dressings. Staff training and hygiene awareness is important for first aiders
* deposits of any type of body fluid on the skin or other parts of the body should be washed away with copious amounts of clean water immediately
* towels should not be shared - use disposable towels or hot air dryers
* employees should avoid contaminating towels with blood

# VIRAL GASTRO ENTERITIS

**Introduction**

An outbreak of viral gastro-enteritis in a hospitality, institutional environment or food business requires immediate attention to ensure the outbreak is contained, the likely source identified and that prompt action is taken to effectively sanitise all areas, fabrics, furnishings and equipment that infected persons (guests/staff etc) may have been in contact with. The viruses involved are highly contagious, therefore, it is vital that procedures are strictly adhered to.

This section recommends proactive measures necessary, to prepare for a possible outbreak, as well as the action required once an outbreak is suspected or confirmed.

# Be Prepared

In order to take prompt and appropriate action when necessary the following measures need to be in place:

* Liaise with the local GP practice that looks after the business to establish lines of communication in the event of a suspected outbreak of viral gastro-enteritis, so that advice can be sought by management, guests/staff etc.
* Identify a contract cleaning company that would have the resources and trained staff available, or on call, to carry out cleaning and sanitising of affected areas and facilities at short notice, and agree procedures with them.
* Identify a specialist deep-cleaning contractor qualified to clean and sanitise ventilation systems, and agree procedures with them.
* Check that contract or in-house laundry process will ensure a wash cycle temperature in excess of 60°C is achieved.
* Identify and train managers and staff to carry out co-ordination, and cleaning and sanitising tasks.
* Liaise with the relevant Company nominated suppliers to identify and provide stocks of the appropriate cleaning/sanitising chemicals and disposable equipment necessary.
* Check that the Company Fitness for Work procedures are clearly understood by all staff

# Initial Investigation

On receipt of information regarding possible gastro-intestinal illness (diarrhoea and/or vomiting) amongst guests or staff, prompt action must be taken. Viral origin should be suspected in the following circumstances:

* A short duration of illness of 12 - 60 hours (24 hours is common)
* Acute (projectile) vomiting is the most common symptom.

In the event of more than one such case the following action should be taken:

* Inform the General Manager or senior manager on duty.
* Check with Personnel Department (and Head Chef) whether any foodhandlers or staff have been off work with sickness, or sickness and diarrhoea.
* If bedrooms are on site, check with the housekeeper, or cleaners, if there have been any instances of soiled bedroom linen, furnishings, bathrooms or toilet facilities, and whether staff have had to clear up vomit or diarrhoea.
* If there are more than FOUR similar cases on the same day or on two consecutive days the senior operational director/manager is to be notified, so that the appropriate notification can be made to the local authority Environmental Health Department.
* Inspection Services International should also be notified.

# Control Measures (includes for hotels)

Having identified a possible viral infection outbreak and determined that it is not food related, it is essential to minimise the spread of infection. The management co- coordinator should arrange for the following action to be taken as quickly as possible.

* Identify the number of people infected and their exact location (in hotel by room number). Infected personnel/guests should be isolated or sent home or asked to stay in their rooms for the duration of their illness, being supplied with plenty of drinking water, additional towels, a suitable receptacle to be sick in (e.g.: plastic bucket or bowl kept and marked specifically for the purpose)
* Living-in staff should also be isolated in their accommodation with similar facilities for the duration of their illness. Where communal facilities are shared infected staff should be re-located if possible to accommodation with private facilities for the duration of the illness. Staff facilities must be sanitised every four hours.
* Other staff manifesting the same symptoms should be sent home with written guidance on how to avoid the spread of infection within their home.
* Infected staff must be excluded from work for the duration of the illness **and for 48 hours** after symptoms have disappeared and treatment has ceased. All staff must be reminded of the importance in observing good personal hygiene practices.
* Sickness records must be maintained for staff and guests, and be readily available for scrutiny by the local authority.
* Public areas and toilet facilities should be checked for signs of illness, and any reported sickness within the establishment should be cleaned up and sanitised immediately.
* A Sanitisation Task Force should be established to undertake cleaning and sanitising on demand, as well as to carry out regular (minimum four hourly), sanitising of public facilities, taking particular care to sanitise door/surface hand touch points.
* Particular attention must be given to kitchen and ancillary areas ensuring that all touch points, working surfaces (including door handles, toilet seats, light switches, taps etc), staff toilet facilities are sanitised at least hourly to prevent the risk of the infection spreading.
* Call in specialist contract cleaners for sanitisaton of ventilation systems etc.
* Towels and bed linen from infected rooms must be changed **daily** with contaminated articles being placed in sealed plastic bags to minimise contact with other surfaces.

# Sanitisation Task Force - Equipment

**The following dedicated equipment and materials should be stored separately and be readily available in the event of an emergency:**

Disposable plastic or rubber gloves Disposable aprons

Face masks

Plastic dustbin bags/sacks (preferably distinctive colour for ease of identification) Bag ties and indelible felt tip pen for marking and ID. Sanitising/virucidal powder (or absorbent granules)

Multi- Purpose sanitiser Absorbent paper towel roll Bactericidal air freshener

Wet/dry vacuum cleaner (extraction shampoo carpet cleaner) Toilet cleaner

Soluble linen bags (optional) Bactericidal wipes (optional)

# Major Outbreak - Use of Fogging Generator

In the event of a major outbreak requiring the temporary closure of facilities it may be necessary to use a Fogging generator available from some cleaning equipment companies. In this instance personal protective equipment and specific handling instructions will be required. Contact HSQC for further details.

# Guidance Notes for Housekeepers and Cleaning Staff

Guidance for cleaning and handling of areas and furnishings affected by body fluids is as follows:

1. **Vinyl or Tiled Floors.** Clean with detergent to remove any surface debris, and treat all surfaces with virucidal sanitiser.
2. **Carpets.** Use wet extraction vacuum cleaner to apply carpet shampoo to cover 3 metres around the contaminated spot. Contract deep cleaning may be necessary.
3. **Chairs and Soft Furnishings.** Spray all items within 3 metres of the contaminated spot with a sanitiser/virucidal surface cleaner and wipe dry with disposable towel.
4. **Curtains**. Curtains in infected rooms should be laundered.
5. **Walls.** Remove debris in disposable cloth, sanitise with virucidal spray and wipe dry
6. **Laundry.** Make arrangements with laundry to handle contaminated linen and towels, either using soluble linen bags or bin liners. Ensure clean laundry is not

brought into infected rooms until thorough cleaning and sanitising has taken place. In-house laundry must ensure the wash cycle is hotter than 60°C, and that only half loads are washed to enable full dilution to take place. However, care should be taken to protect coloureds, wool etc, which should be washed at the appropriate temperature using a sanitising detergent.

1. **Pillows, Duvets and Bedspreads.** Pillows, bedspreads and duvets should be laundered.
2. **Sanitary Fittings.** All bathroom and toilet fittings must be sanitised.
3. **Personal Protection.** Personal protective equipment (disposable gloves and aprons) are to be worn when cleaning up body spillage and sanitising contaminated areas and furnishings.
4. **Air Fresheners.** Freshen and disinfect infected areas using a bactericidal/virucidal air freshener.
5. **Disposal of Cleaning/Sanitising Equipment.** All protective equipment and cleaning materials must be securely sealed in a clearly identified disposal sack.
6. **Room Airing.** Once sanitisation of an infected room is complete, and subject to weather conditions, open windows to allow the room to air for a minimum of one hour.
7. **Room Letting.** If possible do not let infected rooms for 48 hours after sanitisation has been completed.
8. **Touch Points.** All touch points (e.g.: door handles, light switches, toilet seats, taps etc) must be included in the sanitising regime.

# Coach Parties

In the event of an outbreak involving a coach party staying at a hotel contact HSQC SAFERBUSINESS for advice.

# Liaison with Local Authority

It is important to maintain regular contact with the local authority Environmental Health Department to ensure they are aware of the action being taken, and care must be taken to seek their advice when necessary.

# Media Attention

It is possible that a viral outbreak, particularly associated with a hotel or function facility. will attract local media attention. Therefore, it is important that company’s involve their Public Relations/Press Liaison organisations to ensure that a clear and concise response is available.

1. **TWELVE GOLDEN RULES FOR FOODHANDLERS**

# ALWAYS wash your hands before handling food, after using the toilet and after coughing or sneezing.

**KEEP your hands off food as far as possible.**

**TELL your manager at once if you have any skin, throat, nose or stomach trouble. ENSURE cuts and sores are covered with a blue waterproof dressing.**

**KEEP yourself clean and wear clean and appropriate clothing. NEVER cough or sneeze over food.**

**DO NOT SMOKE in food production or storage areas.**

**ALWAYS “clean as you go” - keep all equipment and work surfaces clean.**

**PREPARE raw and cooked food in separate areas. KEEP food covered and at the correct temperature.**

**DISPOSE of waste food and rubbish correctly and wash your hands afterwards. TELL your manager if you cannot follow the Rules.**

**DO NOT BREAK THE LAW - THINK “FOOD SAFETY”**

1. **PERSONAL HYGIENE DATA SHEETS INSERT HERE THE FOLLOWING:**
   1. **CLOTHING POLICY/REQUIREMENTS**

**LOCATION:**

* 1. **CLEANING DETAILS FOR PROTECTIVE CLOTHING**

**LOCATION:**

* 1. **STAFF AREA POLICY DETAILS**

**LOCATION:**

**VISITOR TO FOOD AREA QUESTIONNAIRE**

Name:

Home address: (in full)

Occupation:

Company address:

Tel:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/ No** | **If yes. .**  **Date: Doctor or Hospital** | |
| Have you ever suffered from: |  |  |  |
| Food poisoning |  |  |  |
| Dysentery |  |  |  |
| Typhoid Paratyphoid Enteric fever |  |  |  |
| Tuberculosis |  |  |  |
| Parasitic infections |  |  |  |
| Has any close family contact suffered from any of the above: |  |  | **Name:** |
| Have you suffered from any of the following within the last seven days: |  |  |  |
| Diarrhoea or vomiting |  |  |  |
| Skin rash/Eczema |  |  |  |
| Recurring boils, styes or septic fingers |  |  |  |
| Infection or discharge from ear, eye, nose, gums/mouth |  |  |  |
| Please give details of any other medical problems which may affect your employment as a food handler |  |  |  |
| Have you been abroad within the last two years? |  |  |  |

# I declare that all the foregoing statements are true and complete to the best of my knowledge and belief:

**Signed: Signed:**

(Employee) (Supervisor)

# Date: Date: Supervisor’s comments:

Continue over if required