

Visitors Health Screening

Name: Section to Visit: Date:

Contact number: Email:

Purpose of Visit:

Please complete the following Questionnaire prior to entering the facility.

To your knowledge have you recently been suffering with the following

Vomiting or Diarrhea?	Yes	No
Typhoid or Paratyphoid fever?	Yes	No
Boils or Septic skin infections?	Yes	No
Discharge from Eyes, Ears, Gums or Mouth?	Yes	No
Septic conditions including Nose & Throat?	Yes	No
Do you know any reason why you should not be permitted to enter a Food Processing facility?	Yes	No
Allergy or any medication	Yes	No

Countries Travelled with in a month:

"Please note that this is your responsibility to inform the company if any of the above apply"

If the answer of the above question is "YES" permission from the Section Head must be gained prior entering the facility

Sign of Visitor:

Remark by Section Head:

Sign of Section Head

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