



## GMP CHECKLIST - HEALTH DECLARATION FORM

SQF NO. 11.3.1

1. Purpose:

The purpose of this form is to identify Personnel (employees, visitors and contractors) that may be or may have been infected with any communicable disease and remove them from contact with products, materials, containers, packaging, utensils or any surface that may cause a product to become biologically unsafe per Company's quality management system, food safety, and food defense policies.

2. Medical History (Please answer all of the following question)

If you answer YES in any question, please inform company representative immediately.

1. Have you lost time from work due to illness caused by any communicable disease?	<input type="radio"/> YES <input type="radio"/> NO
2. Were you received any treatment by doctor due to any communicable disease?	<input type="radio"/> YES <input type="radio"/> NO
3. At present, or in the last seven days, are you suffering from:  3.1 Diarrhea and/or vomiting, stomach pain, nausea or fever, skin infections of the hands, arms or face e.g. boils, sty, septic fingers, discharge from eye / ear / gums / mouth, an open wound or a graze, jaundice, a recurring bowel disorder, recurring infections of the skin, ear or throat,	<input type="radio"/> YES <input type="radio"/> NO
3.2 Have you ever had typhoid or paratyphoid fever or are you now known to be a carrier of any kind of Salmonella or Typhi or Paratyphoid or Influenza virus?	<input type="radio"/> YES <input type="radio"/> NO
3.3 In the last 21 days have you had contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid or Influenza "Flu" like symptoms?	<input type="radio"/> YES <input type="radio"/> NO

3. EMPLOYEES & CONTRACTORS:

If you checked YES for any of these, please inform a supervisor or management immediately.

4. VISITORS:

If you checked YES for any of these, please remain at the designated waiting area(s) e.g. lobby or conference room. Management will be informed.

5. DECLARATION:

I certify that to the best of my knowledge the answers given above are true and complete. I understand that the medical information gained from this questionnaire and any subsequent investigations remain confidential but may be used by the facility to advise manager / management on any adjustments that I may require to enable me to undertake the duties of the job or if visitor, the permission to tour the facility.

Are you an employee? :  YES  NO