



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.

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.