





## **VISITOR HEALTH QUESTIONNAIRE**

To be completed by groups of visitors Intending To Go Into Food Production/Handling Areas

PLEASE INFORM US PRIOR TO YOUR VISIT IF YOU HAVE A PACE-MAKER IN SITU. UNFORTUNATELY YOU WILL BE DENIED ACCESS TO THE PRODUCTION AREAS AS THE SENSITIVE PACE –MAKER CAN BE AFFECTED BY SOME OF OUR EQUIPMENT. THIS IS A PRECAUTIONARY MEASURE FOR YOUR SAFETY.

ALL AREAS OF THE BAKERY EXCLUDING *OFFICES, CORRIDORS, CANTEEN AND DESPATCH* ARE NOW MANDATORY EAR PROTECTION ZONES AND AS SUCH, HEARING PROTECTION MUST BE WORN AT ALL TIMES WHEN ENTERING THE BAKERY

PLEASE NOTE THAT IF YOU HAVE A PACEMAKER FITTED YOU WILL NOT BE ALLOWED TO ENTER THE MANUFACTURING AREAS FOR YOUR OWN PROTECTION.

NAME:			
ORGANISATION:			
PURPOSE OF VISIT:	Bakery Group Visit		
Please tick the appropriate bo	x		
Have you ever suffered with			NO
Enteric fever (typhoid or para	atyphoid)?		
During the last 48 hrs, have y diarrhoeal drugs?	you suffered from nausea, vomiting or diarrhoea or taken anti-		
A food allergy (eg. Nuts)			
Hepatitis or Jaundice?			
Are you currently suffering fro	m:		
Productive cough and/or snee	ezing		
Acne, boils, septic cuts or sore	rs?		
Discharge from eye, ear, gums	s or mouth?		7
Scaling condition of the hands	, forearms or face?		
Are you currently suffering f jaundice?	from, or have suffered within the last 7 days from hepatitis or		
Have you been outside the UK	( within the last 3 months - please state where		
Have you suffered from any ill	ness since?		
not to enter food handling areas.	re questions please provide below any further details which may assist in determining le any of the food products or surfaces where food is being prepared or transfe		
	estions and any additional information supplied are accurate to the best of my know hould suffer from any of the above whilst on site.	wledge. I	agree to
Signed:	Date:		
	OFFICIAL USE		
I declare that I have reviewed the respo	onses above and determined that the visitor is (② as applicable):		
approved to enter food hand	lling areas NOT approved to enter food handling area	as	
Signed:	Date:		
report immediately to a visit guide if I sl Signed:  I declare that I have reviewed the respo	Date:  OFFICIAL USE  onses above and determined that the visitor is (② as applicable):  NOT approved to enter food handling area		agr