



Norbev

CONTROLLED DOCUMENTS

<b>Title : Health Declaration ( Application)</b>				<b>Page 1 of 1</b>
<b>Record No.</b>	<b>Issue No.</b>	<b>Issue Date</b>	<b>Prepared By</b>	<b>Authorised By</b>
QC 34	0	30/06/07	Dobbin Cahoon	Joan Brown

Please complete the following and return with your application form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Please Tick</b>	<b>Yes</b>	<b>No</b>
<b>Have you ever been a carrier of any of the following:</b>		
Food bourne disease?		
Typhoid or paratyphoid?		
Tuberculosis?		
Parasitic infections?		
Has any close family suffered any of the above?		
<b>Please give details of any other medical problems which may effect your employment as a food handler, for example recurring gastrointestinal disorder:</b>		
<b>In the last 4 weeks have you suffered from any of the following:</b>		
Serious diarrhoea or vomiting		
Skin trouble		
Boils, styes or septic fingers		
Discharge from ears, eyes, gums/mouth		
<b>If you answered yes to any of the above please give further details here:</b>		
Have you been abroad in the last two years?		
Where?		
Should it be necessary , will you agree to provide such specimens that may be required by the company to ensure that you are not a carrier of any organism which may infect foodstuff?		

**Statement**

*I declare that all the above health statements are true and complete to the best of my knowledge and belief. I understand that if employed by Norbev have a responsibility to report if any of the above situations change during my employment.*

Signed \_\_\_\_\_

Date \_\_\_\_\_