

Fitness to work questionnaire

This form can be used as a best practice tool to help establish the health status of new staff, visitors, and staff returning from a period of absence.

Name of employee:			
Job title:			
Business:			
Q1 (A): At present, or in the last 48 hours, are you suffering from any of these symptoms?			
Diarrhoea and/or vomiting?	YES	NO	
Stomach pain, nausea or fever?	YES	NO	
<i>If the employee answers yes to any of the above, they should be sent home immediately.</i>			
Q1 (B): If you answered yes to either of the above, when did you last have these symptoms?			
More than 2 days ago			
Less than 2 days ago			
<i>If the employee answers less than 2 days, they should be sent home immediately.</i>			
Q3: Do you understand the importance of good hygiene, especially good handwashing procedures?	YES	NO	
Q4: Any other points to raise?			
Has a doctor's note been provided?	YES	NO	
Management action taken:			
Employee Signature:		Date:	
Management Signature:		Date:	