

BERRY GARDENS LIMITED
VISITORS AND CONTRACTORS
MEDICAL SCREENING QUESTIONNAIRE



We require all visitors and contractors who enter food production and/or any other operational areas to complete this questionnaire prior to entering these areas and to confirm that they do not present any health risks that may compromise product safety.

Section 1 – Health Screening:

We consider the following symptoms of infection, disease or condition a potential risk to food safety.

- a. Diarrhoea
- b. Nausea and/or vomiting
- c. Abdominal pain
- d. Jaundice
- e. Skin complaints and/or infections affecting hands, arms or face
- f. Discharge from ears, eyes, mouth or other sites
- g. Productive cough and or sneezing
- h. Heavy cold and influenza
- i. Typhoid and paratyphoid
- j. Disease of the gums, throat or mouth

By signing this form below, you are confirming that you are not currently suffering with and have not suffered within the past 48 hours, symptoms of any of the above. If you have any concerns, please discuss this with site management.

Section 2 - Declaration:

- 1) Have you visited another food production site within the past 24 hours? YES / NO
If yes please provide details

- 2) I declare that I am / am not* aware of any relevant access procedures, and the requirements of the areas I am visiting, with reference to hazards and potential product contamination.
- 3) I declare that I am / am not* carrying any personal medication
- 4) I declare that I am / am not* carrying any recording or photographic equipment
If YES please state equipment and intended purpose _____
- 5) I declare that I am / am not* wearing glasses or contact lenses
- 6) I declare that I will make site management aware of any loss, breakage or damage to glasses or contact lenses during my visit.
- 7) I declare that I will make site management aware of any loss, breakage or damage to photographic equipment during my visit.
- 8) I declare that I have read and understood the Site Allergen Policy Statement and Site Hygiene Policy.

If YES to any of the above, please give further details.

I understand that it is a condition of my entry to the facility to report any of the above to the site manager

Signed: _____ Date: _____

Name (in block capitals): _____

Signature of Site Management or trained member of staff: _____
(Additional confirmation of photographic equipment being intact with purpose granted where applicable)

* Please circle the appropriate answer