
EMPLOYEE HEALTH QUESTIONNAIRE

(Certified Facilities Only)

All staff and volunteers whose functions require or necessitate contact with participants or food preparation shall complete a health questionnaire.

Name: _____

Job Title: _____

1. Do you have any serious health problems or illnesses that may be contagious to others around you?

No ☐ Yes ☐ If yes, please give details: _____

2. Do you have limitations on your ability to perform the work described in your job description and/or duty statement?

No ☐ Yes ☐ If yes, please give details: _____

3. Do you have any health conditions that would create a hazard to participants or other staff?

No ☐ Yes ☐ If yes, please give details: _____

I declare that the above information is true and correct to the best of my knowledge:

EMPLOYEE SIGNATURE

DATE