**Form 4: SICKNESS / RETURNING AFTER EXTENDED ABSENCE CHECK SHEET**

This check sheet is to be completed by the \_\_\_\_\_\_\_\_ Manager for all food handlers who have been absent due to illness, or who have returned to work after an extended absence. Circle the answer to each question that applies, and include details where prompted.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/s Absent from Work: \_\_\_\_\_\_\_\_\_**

1. While absent did you suffer from any notifiable disease (i.e. Acute gastroenteritis (vomiting/diarrhoea), Campylobacteriosis, Cholera, Cryptosporidiosis, Giardiasis, Hepatitis A, Legionellosis, Listeriosis, Meningoencephalitis-primary amoebic, Salmonellosis, Shigellosis, Typhoid and paratyphoid fever or Yersiniosis)?

**No → You may return to work**

**Yes → Include details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide a copy of a medical certificate confirming your suitability to return to work**

**(attach copy of certificate to this check sheet)**

**If Yes, proceed to question 2**

1. Was any vomiting and diarrhoea that you had due to non-contagious reasons (e.g., alcohol abuse)?

**Yes → Include details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**→ You may return to work**

**No → proceed to question 3**

1. Have you vomited or had diarrhoea in the past 48 hours?

**No → You may return to work. Ensure that you maintain strict personal hygiene (hand washing and sanitation, particularly following use of the toilet)**

**Yes → Include details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You need to visit a doctor, advise them of the symptoms, and that you work in a food processing facility. The doctor needs to provide a medical certificate confirming your suitability to return to work**

**Proceed to question 4**

1. Do you have any boils, sores, infected wounds, or any other condition that can’t be adequately prevented from becoming a source of contamination (e.g., covered with waterproof dressings, gloves or other protective clothing)?

**No → You may return to work**

**Yes → Include details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A/ You need to remain off work until any wounds are healed, or the condition has resolved or**

***Circle one option***

**B/ You may return to work, but will be assigned alternative duties that do not present a risk to food until the wounds are healed/condition has resolved.**

**Date returned to full duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager) Date:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person returning to work) Date:**