
Q Fever Questionnaire & Hand Check

Name: _____

Employee _____

Number: _____

Please answer all questions.

Yes

No

In the past 12 months have you suffered from any of the following:

Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
Dysentery	<input type="checkbox"/>	<input type="checkbox"/>
Enteric Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cholera	<input type="checkbox"/>	<input type="checkbox"/>
Gastro-enteritis	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>

Have you been inoculated for Q Fever in the past?

If yes, what date/year? _____

Are you currently suffering from any of the following:

1. Gastro Upset - with either

Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>

2. Intestinal Upset - with either

Abdominal pains or colic	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>

Declaration:

This document must be signed by the applicant/employee in the presence of the Medical Officer.

I, _____, hereby confirm that the above information is true and correct and that I have not given any false or misleading information.

Signed: _____ Date: _____

Medical Officer's comments:

I confirm that a hand check has been performed and in my opinion the above named person is not presently suffering from any condition precluding his/her handling of meat.

Signed: _____ Name: _____ Date: _____