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	☐	☐
Dysentery	☐	☐
Enteric Fever	☐	☐
Cholera	☐	☐
Gastro-enteritis	☐	☐
Hepatitis	☐	☐
Diabetes	☐	☐
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	☐	☐
Diarrhoea	☐	☐
Fever	☐	☐
2. Intestinal Upset - with either		
Abdominal pains or colic	☐	☐
Diarrhoea	☐	☐
Fever	☐	☐

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.

Medical Practitioner Signature: _____ Date: _____

DOCTOR'S STAMP