

Food Handler Questionnaire

Section A: Personal Information

Date: _____

Name: _____
(Last) (First) (MI)

Date of Birth: _____ Sex: Male Female

Address: _____
(Street #) (City) (Zip Code)

Mailing Address: _____ Same
(Street #) (City) (Zip Code)

Home Phone#: _____ Cell #: _____

Employment: _____ City: _____

Work Phone # _____ Position at work: _____

If you are sick, where do you go for medical care? _____
(Name of Doctor, Clinic, Hospital, or Mexico, if you go to Mexicali)

How often do you cross the border? Daily Weekly Monthly Occasionally Never

Section B: Health Questionnaire

- 1. Do you have a cough that lasted more than two weeks?
 If yes, when did it start? _____ Yes No
- 2. Do you or any household member have active tuberculosis? Yes No
- 3. Have you ever been diagnosed with Hepatitis A?
 If yes, date diagnosed? _____ Yes No
- 4. Have you ever been immunized against Hepatitis A? Yes No
- 5. Are there any household members with active Hepatitis A? Yes No
- 6. Have you had nausea, vomiting or diarrhea in the last two weeks? Yes No
- 7. Do you have any open sores or skin infections? Yes No
- 8. Do you have or are you a carrier of salmonella/typhoid infection? Yes No

Nurse's comments: _____

Referred for medical follow-up: Yes No Medical Clearance Date: _____

Medical Staff Signature: _____