

# Hospital Food Service Worker Health Template

## Personal Information

Full Name

Employee ID

Department

Shift

## Health Screening

Date

Have you experienced any of the following symptoms?

If yes, please specify

Have you been in close contact with anyone diagnosed with a communicable disease?

If yes, details

## Hand Hygiene & PPE

Have you performed hand hygiene before starting work?

PPE used

## Supervisor Review

Supervisor Name

**Comments**

**Signature**

**Date**