## **Hospital Food Service Worker Health Template**

## **Personal Information**

Full Name	
Employee ID	
Department	
Shift	
Health Cavagning	
Health Screening	
Date	
Have you experienced any of the following symptoms?	Ų.
If yes, please specify	<u></u>
il yes, piease specify	
Have very been in along content with any one diagraphs with a communicable diagraph	
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?	
	<u> </u>
PPE used	
Supervisor Review	
Supervisor Name	

Comments			
Signature			
Date			