

Street Food Vendor Health Self-Assessment

Vendor Name

Stall Location

Date

1. Do you have any of the following symptoms? (Fever, cough, sore throat, shortness of breath, vomiting, diarrhea)

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Yes

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No

2. Have you had close contact with anyone diagnosed with a contagious illness in the past 14 days?

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Yes

☐

No

3. Are you experiencing any wounds or skin infections on hands/arms?

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Yes

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No

4. Are your fingernails trimmed and clean?

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Yes

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No

5. Additional Comments