



Institute of Tourism Studies Medical Questionnaire

Name _____

Address _____

_____ Post Code _____

ID Card No. _____ Telephone No. _____

1. Have you ever had or been a carrier of:-

A foodborne disease	Yes / No
Typhoid or paratyphoid	Yes / No
Tuberculosis	Yes / No
Parasitic infections	Yes / No

2. Has any close family contact suffered from any of the above? Yes / No

3. Have you recently suffered from any of the following:-

Serious diarrhoea or vomiting	Yes / No
Skin trouble	Yes / No
Boils, styes or septic fingers	Yes / No
Discharge from the ears, eyes, gums/mouth	Yes / No

4. Please give details of any medical conditions/disorders which may effect your performance as an ITS student/ food handler, for example, recurring gastro-intestinal disorder, dyslexia, etc

5. Have you been abroad within the last two years? Yes / No

Where ? _____

6. If you suffer from any allergies, or from any medical condition (such as epilepsy or asthma) which should be brought to the attention of the Institute of Tourism studies please specify hereunder:-

7. If you are currently taking any medication, which should be brought to the attention of the Institute of Tourism Studies, please specify hereunder:-

I agree to provide, on request, such specimens that may be required by the Institute of Tourism Studies to ensure that I am not a carrier of any organism which may infect food.

I agree to undertake a Food Handlers Test as instructed by ITS in accordance with current Health & Hygiene Regulations.

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.

Signature of Student _____ Signature of Parent/Custodian _____
(students under 18 years only)

Signature of Family General Practitioner _____ / _____.
(Including Rubber Stamp & Medical Council Registration No)

Date _____