GRAFTERS RECRUITMENT CONSULTANTS LTD

PERSONAL HEALTH QUESTIONNAIRE & HEALTH & SAFETY DECLARATION

Do you have, or have you ever suffered from:

Fainting Attacks: **Yes/No** Asthma: **Yes/No** Skin Trouble: **Yes/No**
Fits or Blackouts: **Yes/No** Hay Fever: **Yes/No** Diabetes: **Yes/No**
Giddiness: **Yes/No** Heart Trouble: **Yes/No** Recurring Chest Disease: **Yes/No**
Mental Illness: **Yes/No** High Blood Pressure: **Yes/No** Recurring Bowel Trouble: **Yes/No**
Recurring Stomach Trouble: **Yes/No** Recurring Headaches: **Yes/No** Varicose Veins: **Yes/No**
Ear Trouble or Deafness: **Yes/No** Back Trouble: **Yes/No** Other Muscle or Joint Trouble: **Yes/No**
Eye Trouble or Defective Vision not corrected by glasses or contact lenses: **Yes/No**

Have you any disabilities affecting:

Standing: **Yes/No** Walking: **Yes/No** Stair climbing: **Yes/No** Lifting: **Yes/No**
Use of hands: **Yes/No** Working at heights on ladders/staging: **Yes/No** Ability to drive a motor vehicle: **Yes/No**

Do you have, or have you ever suffered from: Typhoid Fever: **YES/ NO** Paratyphoid Fever : **YES/ NO**

At present are you suffering:

Nasal Infection: **Yes/No** Cough with phlegm: **Yes/No** Sore Throat: **Yes/No** Discharging Ear: **Yes/No**
Acne: **Yes/No** Boils: **Yes/No** Styes: **Yes/No** Burns: **Yes/No**
Diarrhoea: **Yes/No** Abdominal Pain or Fever: **Yes/No** Septic Fingers: **Yes/No**
Any Skin Trouble Affecting the Hands, Arms or Face**: Yes/No**

(If YES, a Doctor's Certificate is required stating that you are safe to return to work in a food handling environment)

In the last 2 years have you been off work because of illness or injury? **Yes/No**

If YES, How many working days did you lose? …….

Have you made a full recovery from your illness or injury? **Yes/No**

Are you at present having any treatment or medicine prescribed by a Doctor? **Yes/No**

Next of Kin Name & Telephone Number:…….. ……

PERSONAL HEALTH DECLARATION

I declare that all the foregoing statements are true and complete to the best of my knowledge. I know of no medical reason why I should not work in a food environment. Should the situation change whilst either I am engaged on a temporary assignment or in between assignments I will immediately notify the branch and, if appropriate, the Company where I am working.

HEALTH AND SAFETY DECLARATION

Whilst working as a temporary for Grafters Recruitment Consultants Ltd I will (a) not use any machinery unless experienced and able, (b) not work on a dangerous machine (e.g. meat slicer) unless 18 and supervised or experienced in the use of machinery. I will ensure that at all times I will take every precaution to (a) avoid injury to either myself or others, (b) prevent damage to any equipment/machinery. I have read & understand the Manual Handling Safe Practice Information.

TWO REFERENCES - CONTACT NAME, COMPANY NAME, ADDRESS, TELEPHONE NUMBER & E-MAIL ADDRESS

If, during the course of the assignment or within 8 weeks after the end, or 14 weeks from the beginning (whichever is later) of the Assignment the client wishes to employ the Temporary Worker direct, the Temporary Worker acknowledges that Grafters Recruitment Consultants Ltd, will be entitled either to charge the client an introduction fee or to agree an extension of the hiring period with the client at the end of which the Temporary Worker may be employed direct by the client without further charge to the client.

THE WORKING TIME REGULATIONS 1998

The Working Time Regulations 1998 ("the Regulations") require the Company to limit your average weekly working time to 48 hours unless you agree with the Company that limit shall not apply to you. The Company wishes to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that: The 48-hour limit on average weekly working time will not apply to you: You will terminate the agreement (so that the 48-hour time limit would apply to you) by giving the person at the Company to whom you usually report 4 weeks' written notice. Under the Regulations, the Company must keep records relating to your working time. This is the case whether or not you reach an agreement with the Company about waiving working time limits. If you accept the Company's proposal, please sign below. This document will then be the record of agreement between you and the Company.

I have read, agree to and completed the above statements:

Signed by the Temp:…… Print Name…….. DATE:……..