

## Trúnaðarmál / Confidential

Fyllist út af starfsmanni, að viðstöddum yfirmanni í fyrirtæki / lækni

To be filled out by the employee, in the presence of a doctor or an supervisor of the company

Fyrirtæki / Company:	Kennitala / ID number:
Heimilisfang / Address:	Símanúmer / Telephone:
Póstnúmer og staður / Postal code and place:	

## Upplýsingar um starfsmann

## Employee information

Nafn / Name:	Kennitala / ID number:
Deild / Department:	Starfssvið / Field of Work:

I have been informed of the possible risks associated with infections or diseases that can affect and be distributed through foodstuffs.

Mér hafa verið kynntar þær hættur sem geta stafað af sjúkdómum eða sýkingum sem geta borist í og dreifst með matvælum.

I will **notify the foreman/supervisor immediately** of illness, diarrhoea sore throat or sores on hands.\* I have, to my best knowledge, not been suffering nor have I recently been infected with any contagious disease that might spread with food, nor have I any open sores, infected sores, infectious skin disease, skin ulcer, sore throat nor diarrhoea.

Ég mun **tilkynna verkstjóra/yfirmanni tafarlaust** um veikindi, s.s. magapest, hálsbólgu eða sár á höndum.\* Ég er samkvæmt bestu vitund ekki með, né hef nýlega fengið smitandi sjúkdóm, sem gæti dreifst með matvælum, eða með opið sár, sýkingu í sári, smitandi húðsjúkdóm, fleiður, hálsbólgu eða niðurgang.

Dagsetning / Date

Undirskrift starfsmanns / Signature of the employee

Dagsetning / Date

Undirskrift yfirmanns  
Signature of the supervisor

Dagsetning / Date

Undirskrift Læknis  
Signature of the doctor

\* Chapter VIII in Annex II to regulation 852/2004 states that: *No person suffering from, or being a carrier of a disease likely to be transmitted through food or afflicted, for example, with infected wounds, skin infections, sores or diarrhoea is to be permitted to handle food or enter any food-handling area in any capacity if there is any likelihood of direct or indirect contamination. Any person so affected and employed in a food business and who is likely to come into contact with food is to report immediately the illness or symptoms, and if possible their causes, to the food business operator.*

Should the employee be in any doubt or unwilling to discuss her/his state of health with the supervisor, she/he is advised to contact the company's doctor.

Ef starfsmaður er í vafa eða er ófús að ræða heilsufar sitt við yfirmann, er honum ráðlagt að ráðfæra sig við trúnaðarlækni fyrirtækisins.