

Form 1: Foodservice Employee Interview

The purpose of this form is to ensure conditional employees and foodservice employees report to the manager past and current conditions, so the manager can take appropriate steps to prevent transmission of foodborne illness.

Conditional Employee Name print):	
Foodservice employee Name (print):	
Address:	
Daytime Telephone:	Evening Telephone:

Are you suffering from any of the following symptoms?

	Circle one	If yes, date of onset
Diarrhea?	Yes No	
Vomiting?	Yes No	
Jaundice?	Yes No	
Sore throat with fever?	Yes No	
Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered?	Yes No	

In the Past:

Have you ever been diagnosed as being ill with <i>Salmonella</i>	Yes	No
If you have, what was the date of the diagnosis?		
If within the past 3 months, did you take antibiotics for <i>Salmonella</i> ?	Yes	No
If so, how many days did you take the antibiotics?		
If you took antibiotics, did you finish the prescription?	Yes	No

History of Exposure:

Have you been suspected of causing, or have you been exposed to, a confirmed foodborne disease outbreak recently?	Yes	No
If yes, date of outbreak:		
If yes, what was the cause of the illness and did it meet the following criteria?		
Cause:	Date of Illness Outbreak	
Norovirus (last exposure within the past 48 hours)		
<i>E. coli</i> /STEC infection (last exposure within the past 3 days)		
Hepatitis A virus (last exposure within the past 30 days)		
<i>Salmonella</i> (last exposure within the past 14 days)		
<i>Shigellosis</i> (last exposure within the past 3 days)		
If yes, did you:		
Consumed food implicated in a foodborne outbreak?	Yes	No
Worked in a food establishment that was the source of the outbreak?	Yes	No
Consumed food at an event that was prepared by person who is ill?	Yes	No
Did you attend an event or work in a setting recently where there was a confirmed disease outbreak?	Yes	No

If so, what was the cause of the confirmed disease outbreak?	
If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?	
<i>E. coli</i> /STEC (last exposure within the past 3 days)	Yes No
Hepatitis A virus (last exposure within the past 30 days)	Yes No
Norovirus (last exposure within the past 48 hours)	Yes No
<i>Salmonella</i> (last exposure within the past 14 days)	
<i>Shigella</i> (last exposure within the past 3 days)	
Do you live in the same household as a person diagnosed with <i>E. coli</i> /STEC, Hepatitis A, Norovirus, <i>Salmonella</i> , or <i>Shigella</i> ?	Yes No
Date of onset of illness	
Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of <i>E. coli</i> /STEC, Hepatitis A, Norovirus, <i>Salmonella</i> , or <i>Shigella</i> ?	Yes No
Date of onset of illness	

Healthcare Provider Information

Name:
Address:
Telephone:

Date

Signature of Conditional Employee:	
Signature of Foodservice employee:	
Signature of Permit Holder or Representative:	

