Food Employee Interview
Preventing Disease Transmission through Food by Infected Food Employees

The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

Conditional or Food Employee Name (please print): __________________________________
Address: ____________________________________________________________________
Telephone Daytime: ____________________ Evening ______________________

Are you suffering from any of the following symptoms today? (Circle One) If yes, date of onset

- Diarrhea
  Yes/No __________________

- Vomiting
  Yes/No __________________

- Jaundice (yellowing of skin or eyes)
  Yes/No __________________

- Sore throat with fever
  Yes/No __________________

- Infected cuts, wounds, or lesions containing pus on hand, wrist, or other exposed body part
  Yes/No __________________

In the Past:
Have you ever been diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhi), shigellosis (Shigella spp. Infection) Excherichia coli 0157:H7, or hepatitis A virus?  Yes/No
If Yes, what was the date of diagnosis? _____________________________________________

History of Exposure to Foodborne Pathogens:
1. Have you been exposed to or suspected of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, or hepatitis A?  Yes/No
2. Do you have a household member diagnosed with Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, or hepatitis A?  Yes/No
3. Do you have a household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, or hepatitis A?  Yes/No

Name, Address, and Telephone Number of your Health Practitioner or Doctor
Name: ____________________________ Telephone Number: __________________
Address: ____________________________________________________________________

Signature of Conditional or Food Employee: ___________________________ Date: __________
Signature of Person in Charge: ___________________________ Date: __________