



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:** _____