

Initial Interview

The purpose of this initial interview is to empower the Person in Charge (PIC) to assess an employee's past and current health food-related illnesses.

Employee Name _____

Are you suffering from any of the following symptoms? Circle one. If YES, include date of onset.

- Diarrhea? YES/NO _____
- Vomiting? YES/NO _____
- Jaundice? YES/NO _____
- Sore throat with fever? YES/NO _____
- Exposed, infected cut, burn, or wound with pus? YES/NO _____

In the Past:

- 1) Have you ever been diagnosed with typhoid fever (*salmonella typhi*)? Circle one: YES/NO
 - If YES, what was the date of diagnosis? _____
- 2) Have you taken antibiotics for *salmonella typhi* within the past 3 months? Circle one: YES/NO
 - If YES, how many days did you take the antibiotics? _____
 - If YES, did you finish the prescription? _____

History of Exposure:

- 1) Have you been suspected of causing a confirmed foodborne disease outbreak recently? Circle one: YES/NO
- 2) Have you been exposed to a confirmed foodborne disease outbreak recently? Circle one: YES/NO
 - If YES, what was the date of the outbreak? _____
 - If YES, what was the cause of the outbreak? _____
 - If YES, did it meet the following criteria?
 - a. Norovirus (last exposure within the past 48 hours): YES/NO
 - b. *E. coli* 0157:H7 infection (last exposure within the past 3 days): YES/NO

- c. Hepatitis A virus (last exposure within the past 30 days): YES/NO
 - d. Typhoid fever (last exposure within the past 14 days): YES/NO
 - e. Shigellosis (last exposure within the past 3 days): YES/NO
- If YES, did you consume food implicated in the outbreak? YES/NO
 - If YES, did you work in a food establishment that was the source of the outbreak? YES/NO
 - If YES, did you consume food at an event that was prepared by an ill person? YES/NO
- 3) Have you recently attended an event where there was a confirmed disease outbreak? YES/NO
- 4) Have you recently been to a work setting where there was a confirmed disease outbreak? Circle one: YES/NO
- If YES, what was the cause of the outbreak? _____
 - If YES, did it meet the following criteria?
 - f. Norovirus (last exposure within the past 48 hours): YES/NO
 - g. *E. coli* 0157:H7 or other Shiga toxin-producing *E. coli*, or STEC (last exposure within the past 3 days): YES/NO
 - h. Hepatitis A virus (last exposure within the past 30 days): YES/NO
 - i. Typhoid fever (last exposure within the past 14 days): YES/NO
 - j. *Shigella* spp. (last exposure within the past 3 days): YES/NO
- 5) Do you reside in the same household as a person diagnosed with norovirus, shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* 0157:H7 or other STEC? Circle one: YES/NO
- If YES, what was the date of onset? _____
- 6) Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of norovirus, typhoid fever, shigellosis, STEC infection, or hepatitis A? Circle one: YES/NO
- If YES, what was the date of onset? _____

Signature of Employee _____ Date _____

Signature of PIC _____ Date _____

Source: [U.S Food and Drug Administration "Employee Health and Personal Hygiene Handbook 2020"](#).

