

Food Employee Health Policy Questionnaire

Emphasis on illness due to Norovirus, *Salmonella*, *Shigella*, Shiga toxin-producing *Escherichia coli*, or Hepatitis A Virus

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.

Employee Information:

Name of food employee (print) _____

Address of employee (print) _____

Telephone No., including area code: Daytime _____ Evening _____

Symptoms:

Are you experiencing any of the following symptoms? (Circle either YES or NO)

Diarrhea? YES / NO

If you answered YES, what was the date of onset? _____

Vomiting? YES / NO

If you answered YES, what was the date of onset? _____

Jaundice? YES / NO

If you answered YES, what was the date of onset? _____

Sore throat with fever? YES / NO

If you answered YES, what was the date of onset? _____

OR:

Do you have an infected cut or wound that is open and draining?

(Circle either YES or NO) YES / NO

Do you have a boil, lesion or other infected wound containing pus (however small) on the hand, wrist, or other body part, that is not properly covered?

(Circle either YES or NO) YES / NO

In the Past:

Have you ever been diagnosed as being ill with typhoid fever (*Salmonella*)?
(Circle either YES or NO) YES / NO

If so, what was the date of the diagnosis? _____

Within the past three months, have you taken antibiotics for *Salmonella*?
(Circle either YES or NO) YES / NO

If so, how many days did you take the antibiotics? _____ days

If you took antibiotics, did you finish the prescription?
(Circle either YES or NO) YES / NO

History of Exposure:

1. Have you been suspected of causing or have you been exposed to a confirmed food borne disease outbreak recently? (Circle either YES or NO) YES / NO

If you answered “Yes” above, the date of outbreak: _____

a. If YES, what was the cause of the illness?

Cause: _____

b. If YES, did the illness meet any of the following criteria?
(Circle either YES or NO) YES / NO

- i. Norovirus (last exposure within the past 48 hours)
- ii. Shiga toxin producing *E. coli* infection (last exposure within the past 3 days)
- iii. Hepatitis A virus (last exposure within the past 30 days)
- iv. Salmonellosis (last exposure within the past 14 days)
- v. Shigellosis (last exposure within the past 3 days)

If you answered “Yes” above, which illness? _____

c. If YES, did you:

- i. Consume food implicated in the outbreak?
(Circle either YES or NO) YES / NO
- ii. Work in a food establishment that was the source of the outbreak?
(Circle either YES or NO) YES / NO
- iii. Consume food at an event that was prepared by a person who was ill?
(Circle either YES or NO) YES / NO

2. Did you attend an event or work in a setting recently where there was a confirmed disease outbreak? (Circle either YES or NO) YES / NO

If you answered "Yes" above, what was the cause of the confirmed disease outbreak?

Cause: _____

If the cause was determined to be one of the following five pathogens, did your exposure meet the following criteria for that pathogen? (Circle either YES or NO)

- a. Norovirus (last exposure within the past 48 hours) YES / NO
- b. Shiga toxin producing *E. coli* (last exposure within the past 3 days) YES / NO
- c. *Shigella* (last exposure within the past 3 days) YES / NO
- d. *Salmonella* (last exposure within the past 14 days) YES / NO
- e. Hepatitis A virus (last exposure within the past 30 days) YES / NO

3. Has another person in your household been diagnosed with illness due to any of the following: Norovirus; Shigellosis; Salmonellosis; Hepatitis A; or Shiga toxin producing *E.Coli*? (Circle either YES or NO) YES / NO

If you answered "Yes" above, what was the date of onset for the illness? _____

Health Practitioner/Doctor:

Name, Address, and Telephone Number of your Health Practitioner/Doctor:

Name of Practitioner (print) _____

Address of Practitioner (print) _____

Telephone No., including area code: Daytime _____ Evening _____

Signature

Signature of Food Employee _____

Date _____