FORM 1-A

Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi (*S.* Typhi), *Shigella* spp., ShigaToxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* 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.

Conditional Employee Name (print) _____
Food Employee Name (print) _____
Address _____
Telephone *Daytime:*_____ *Evening:* _____
Date _____

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**	_____

Or

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**
(Examples: *boils and infected wounds, however small)*

In the Past:

Have you ever been diagnosed as being ill with typhoid fever (*S.*Typhi) **YES / NO**
If you have, what was the date of the diagnosis? _____
If within the past 3 months, did you take antibiotics for *S.* Typhi? **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:

1. 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: _____

a. If YES, what was the cause of the illness and did it meet the following criteria?
Cause: _____

i. Norovirus (last exposure within the past 48 hours)	**Date of illness outbreak** _____
ii. *E. coli* O157:H7 infection (last exposure within the past 3 days)	**Date of illness outbreak** _____
iii. Hepatitis A virus (last exposure within the past 30 days)	**Date of illness outbreak** _____
iv. Typhoid fever (last exposure within the past 14 days)	**Date of illness outbreak** _____
v. Shigellosis (last exposure within the past 3 days)	**Date of illness outbreak** _____

b. If YES, did you:

i. **Consume food implicated in the outbreak?** _____

ii. **Work in a food establishment that was the source of the outbreak?** _____

iii. **Consume food at an event that was prepared by person who is ill?** _____

2. 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?

a. **Norovirus (last exposure within the past 48 hours)** **YES / NO**

b. ***E. coli* O157:H7 (or other STEC (last exposure within the past 3 days)** **YES / NO**

c. ***Shigella* spp. (last exposure within the past 3 days)** **YES / NO**

d. ***S.* Typhi (last exposure within the past 14 days)** **YES / NO**

e. **Hepatitis A virus (last exposure within the past 30 days)** **YES / NO**

Do you live in the same household as a person diagnosed with Norovirus, shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other STEC?

YES / NO Date of onset of illness _____

3. 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?

YES / NO Date of onset of illness _____

Name, Address, and Telephone Number of your Health Practitioner or doctor:

Name _____

Address _____

Telephone – *Daytime:* _____ *Evening:* _____

Signature of Conditional Employee _____ **Date** _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____

FORM 1-B

Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist , an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small)*

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia* coli O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E.* coli O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E.* coli O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____