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.

Name of conditional employee name (print) _____________________________________________

Name of food employee name (print) __________________________________________________

Address of employee (print) _________________________________________________________

_________________________________________________________

Telephone No., including area code: *Daytime* _______________  *Evening* _______________

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?  

______________________________
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)

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Criteria</th>
<th>YES / NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Norovirus</td>
<td>(last exposure within the past 48 hours)</td>
<td></td>
</tr>
<tr>
<td>b. Shiga toxin producing <em>E. coli</em></td>
<td>(last exposure within the past 3 days)</td>
<td></td>
</tr>
<tr>
<td>c. <em>Shigella</em></td>
<td>(last exposure within the past 3 days)</td>
<td></td>
</tr>
<tr>
<td>d. <em>Salmonella</em></td>
<td>(last exposure within the past 14 days)</td>
<td></td>
</tr>
<tr>
<td>e. Hepatitis A virus</td>
<td>(last exposure within the past 30 days)</td>
<td></td>
</tr>
</tbody>
</table>

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? ______________

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 of Conditional Employee/Food Employee __________________________________________

Date ______________________