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 ____________
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 __________