

Applicant and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on illness due to *Salmonella Typhi*, *Shigella* spp., *Escherichia coli* O157:H7, and Hepatitis A Virus

The purpose of this form is to ensure that Applicants to whom a conditional offer of employment has been made and Food Employees 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.

Applicant or Employee name (print) _____

Address _____

Telephone Daytime: _____ Evening: _____

TODAY:

Are you suffering from any of the following:

1. Symptoms

- Diarrhea? YES/NO
- Fever? YES/NO
- Vomiting? YES/NO
- Jaundice? YES/NO
- Sore throat with fever? YES/NO

2. Lesions containing pus on the hand, wrist or an exposed body part?
(such as boils and infected wounds, however small) YES/NO

PAST:

Have you ever been diagnosed as being ill with typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 infection (*E. coli* O157:H7), or hepatitis A (hepatitis A virus)? YES/NO
If you have, what was the date of the diagnosis? _____

HIGH-RISK CONDITIONS

- 1. Have you been exposed to or suspected of causing a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A? YES/NO
- 2. Do you live in the same household as a person diagnosed with typhoid fever, shigellosis, hepatitis A, or illness due to *E. coli* O157:H7? YES/NO
- 3. Do you have a household member attending or working in a setting where there is a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A? YES/NO

Name, Address, and Telephone Number of your Doctor:

Name _____

Address _____

Telephone - Daytime _____ **Evening** _____

Signature of Applicant or Food Employee _____ **Date** _____

Signature of Permit Holder's Representative _____ **Date** _____