



Annex Form 1-A

Food Employee Interview	
Preventing Disease Transmission through Food by Infected Food Employees	
<p>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.</p>	
<p>Conditional or Food Employee Name (please print): _____</p>	
<p>Address: _____</p>	
<p>Telephone: Daytime: _____ Evening: _____</p>	
<p>Are you suffering from any of the following symptoms today? (Circle One) If yes, date of onset</p>	
Diarrhea	Yes / No _____
Vomiting	Yes / No _____
Jaundice (yellowing of skin or eyes)	Yes / No _____
Sore throat with fever	Yes / No _____
Infected cuts, wounds, or lesions containing pus on the hand, wrist, or other exposed body part	Yes / No _____
<p><u>In the past:</u> Have you ever been diagnosed as being ill with Norovirus, typhoid fever (salmonella Typhi), shigellosis (Shigella spp. Infection), Escherichia coli 0157:H7, or hepatitis A virus? Yes / No If yes, what was the date of diagnosis? _____</p>	
<p><u>History of Exposure to Foodborne Pathogens:</u></p>	
<p>1. Have you been exposed to or suspected of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, or hepatitis A? Yes / No</p>	
<p>2. Do you have a household member diagnosed with Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, or hepatitis A? Yes / No</p>	
<p>3. Do you have a household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, or hepatitis A? Yes / No</p>	
<p>Name, Address, and Telephone Number of your Health Practitioner or Doctor</p>	
<p>Name: _____ Telephone: _____</p>	
<p>Address: _____</p>	
<p>Signature of Conditional or Food Employee: _____ Date: _____</p>	
<p>Signature of Person in Charge: _____ Date: _____</p>	
<p>rev. 3/13</p>	



Annex Form 1-B

**Food Employee Reporting Agreement
Preventing Disease Transmission through Food by Infected Food Employees**

The purpose of this agreement is to inform food employees of their responsibility to notify the person in charge when they experience any of the conditions listed below 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 symptoms began:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of skin or eyes)
4. Sore throat with fever
5. Infected cuts, wounds, or lesions containing pus on the hand, wrist, or other exposed body part

Future Medical Diagnosis:

Whenever diagnosed as being ill with **Norovirus, typhoid fever (salmonella Typhi), shigellosis (Shigella spp. Infection), Escherichia coli 0157:H7, or hepatitis A virus?**

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, or hepatitis A
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, 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 0157:H7, 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
4. Requirement to not work for 24 hours after experiencing undiagnosed diarrhea or vomiting

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.

(Please print)

Food Employee Name: _____ **Signature:** _____ **Date:** _____

Person in Charge: _____ **Signature:** _____ **Date:** _____

rev. 3/13