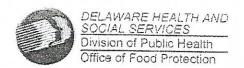


CONDITIONAL EMPLOYEE AND FOOD EMPLOYEE INTERVIEW

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.

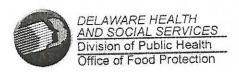
Conditional Employee Name (print)		
Food Employee Name (print)		
Address		
Telephone		Date
Are you suffering from any of the following symptoms?	(Circle one)	If YES, Date of Onset
Diarrhea? Vomiting? Jaundice? Sore throat with fever?	YES NO	
Or		
Infected cut or wound that is open and draining, lesions co the hand, wrist or exposed body part, or other body part an or lesion not properly covered?	d the cut wound	YES NO
In the Past:		
Have you ever been diagnosed as being ill with typhoid fe	ver (S. Typhi)	YES NO
If you have, what was the date of diagnosis?		
If within the past 3 months did you take antibiotics for S. T	yphi?	YES NO
If so, how many days did you take antibiotics for S.		
If you took antibiotics, did you finish the prescription	on?	_YES NO
HISTORY OF EXPOSURE:		
Have you been suspected of causing, or have you been a confirmed foodborne disease outbreak recently?	exposed to,	YES NO
If YES, date of outbreak:		
a. If YES, what was the cause of the illness and did it meet		
Cause:		
i. Norovirus (last exposure within past 48 hours)	Date of illness ou	tbreak
ii. E. coli O157:H7 (last exposure within the past 3 days)		tbreak
iii. Hepatitis A virus (last exposure within past 30 days)		tbreak
iv. Typhoid fever (last exposure within past 14 days)	Date of illness ou	
v. Shigellosis (last exposure within past 3 days)	Date of illness ou	

Please continue answering the questions on Page 2 on the back of this form. OVER ▶



CONDITIONAL EMPLOYEE AND FOOD EMPLOYEE INTERVIEW (Page.2)

b. If YES, did you:		
i. Consume implicated food 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 was ill?	Alexandria Company	
2. Did you attend an event of work in a setting, recently where there was a confirmed disease outbreak?		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 m following criteria?		
a. Norovirus (last exposure within 48 hours)	YES	NO
b. E. coli O157:H7 or other EHEC/STEC (last exposure within the past 3 days)		NO
c. Shigella spp. (last exposure within the past 3 days)		NO
d. S. Typhi (last exposure within the past 14 days)		NO
e. Hepatitis A virus (last exposure within the past 30 days)		NO
Do you live in the same household as a person diagnosed with Norovirus, shigellosis, hepatitis A, or illness due to <i>E. coli</i> O157:H7 or other EHEC/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 disease outbreak of Norovirus, typhoid fever, shigellosis, EHEC/STEC infection, or help YES NO Date of onset of illness	a confirmed	>
Name, Address and Telephone Number of your Health Practitioner or doctor:		
Name		
Address		
Telephone - Daytime: Evening:		
Signature of Conditional Employee Date	DCM: two man and the law man particles and	
Signature of Food Employee Date		100
Signature of Permit Holder or Representative Date		



CONDITIONAL EMPLOYEE OR FOOD EMPLOYEE REPORTING AGREEMENT

The purpose of this a greement 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), Shiga toxin producing E.coli or hepatitis A (hepatitis A virus infection).

Future Exposure to Foodborne Pathogens:

- 1. Exposure to or suspicion of causing any confirmed outbreak of Norovirus, typhoid fever, shigellosis, Shiga toxin producing E.coli, or hepatitis A.
- 2. A household member diagnosed with Norovirus, typhcid fever, shigellosis, illness due to Shiga toxin producing E.coli, or hepatitis: A.
- 3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, Shiga toxin producing E.coli, or hepatitis A.
- I have read (or have had explained to me) and understand the requirements concerning my responsibilities under the State of Delaware 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.

onditional Employee Name (please print)	
Signature of Conditional Employee	Date
ood Employee Name (please print)	· ·
ignature of Food Employee	Date
Signature of Permit Holder Representative	Date