



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?	YES NO	_____
Vomiting?	YES NO	_____
Jaundice?	YES NO	_____
Sore throat with fever?	YES NO	_____

Or

Infected cut or wound that is open and draining, lesions containing pus on the hand, wrist or exposed body part, or other body part and the cut, wound, or lesion not properly covered? _____ YES NO

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 diagnosis? _____

If within the past 3 months did you take antibiotics for *S. Typhi*? _____ YES NO

If so, how many days did you take antibiotics for *S. Typhi*? _____ Days

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 past 48 hours) | Date of illness outbreak _____ |
| ii. <i>E. coli</i> O157:H7 (last exposure within the past 3 days) | Date of illness outbreak _____ |
| iii. Hepatitis A virus (last exposure within past 30 days) | Date of illness outbreak _____ |
| iv. Typhoid fever (last exposure within past 14 days) | Date of illness outbreak _____ |
| v. Shigellosis (last exposure within past 3 days) | Date of illness outbreak _____ |

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



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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? _____

2. Did you attend an event of 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 48 hours) _____ YES NO

b. *E. coli* O157:H7 or other EHEC/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 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 confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, EHEC/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

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), 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, typhoid 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.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder Representative _____ Date _____