

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 the person in charge can take appropriate steps to prevent 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 OR Infected cuts or wounds that are open and draining, or les exposed body part or other body part and the cuts, wound as boils and infected wounds, however small)				
IN THE PAST:	TES NO			
Have you ever been diagnosed as being ill with typhoid fev		YES NO		
If within the past three months, did you take antibiotics for		YES NO		
If YES, how many days did you take antibiotics for S. Typh				
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 a confirmed foodborne disease outbreak recently?	exposed to	YES NO		
a. If YES, what was the cause of the illness and did it meet	the following crit	eria?		
Cause: Norovirus (last exposure within the past 48 hours) Shiga toxin producing <i>E.coli</i> (last exposure within past 3 days) Hepatitis A virus (last exposure within the past 30 days) Typhoid fever (last exposure within the past 14 days) Shigellosis (last exposure within the past 3 days) Nontyphoidal <i>Salmonella</i> (last exposure within the past 3 days)	Date of Date of Date of Date of	illness outbreak illness outbreak illness outbreak illness outbreak illness outbreak illness outbreak		



CONDITIONAL EMPLOYEE AND FOOD EMPLOYEE INTERVIEW (CONTINUED)

b. If YES, did you:

Consume implicated food in the outbreak?	YES NO
Work in a food establishment that was the source of the outbreak?	YES NO
Consume food at an event that was prepared by person who was ill?	YES NO
2. Did you recently attend an event or work in a setting where there was a confirmed disease outbreak?	YES NO
If YES, what was the cause of the confirmed disease outbreak?	

If the cause was one of the following six pathogens, did exposure to the pathogen meet the following criteria?

a. Norovirus (last exposure within 48 hours)	YES	NO		
b. Shiga toxin producing E.coli (last exposure in the past 3	days) YES	NO		
c. Hepatitis A virus (last exposure within the past 30 days)	YES	NO		
d. Typhoid fever (last exposure within the past 14 days)	YES	NO		
e. Shigellosis (last exposure within the past 3 days)	YES	NO		
f. Nontyphoidal Salmonella (last exposure within the past 3	days) YES	NO		
3. Do you live in the same household as a person diagr Norovirus, illness due to Shiga toxin producing <i>E.coli</i> , typhoid fever, shigellosis <i>, or</i> nontyphoidal <i>Salmonella</i> ?	Hepatitis A,	NO		
If YES, date of onset of illness	_			
4. Do you have a household member attending or work there is a confirmed disease outbreak of Norovirus, Shi <i>E.coli</i> , Hepatitis A, typhoid fever, shigellosis, or nontyp	ga toxin producing	NO		
If YES, date of onset of illness	_			
Name, address and telephone number of your health practitioner or doctor:				
Address				
Telephone Daytime:				
	_ Lvermig			



CONDITIONAL EMPLOYEE OR FOOD EMPLOYEE REPORTING AGREEMENT

The purpose of this agreement is to inform conditional employees and food employees of their responsibility to notify the person in charge of past and current conditions described so the person in charge can take appropriate steps to prevent 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 that are open and draining, 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, Shiga toxin producing *E. coli*, Hepatitis A (hepatitis A virus infection), typhoid fever (*S.* Typhi), shigellosis (*Shigella* spp. Infection), or nontyphoidal *Salmonella*.

FUTURE EXPOSURE TO FOODBORNE PATHOGENS:

1. Exposure to or suspicion of causing any confirmed outbreak of Norovirus, Shiga toxin producing *E. coli,* Hepatitis A, typhoid fever, shigellosis, or nontyphoidal *Salmonella*.

2. A household member diagnosed with Norovirus, illness due to Shiga toxin producing *E. coli*, Hepatitis A, typhoid fever, shigellosis, or nontyphoidal *Salmonella*.

3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, Shiga toxin producing *E. coli*, Hepatitis A, typhoid fever, shigellosis, or nontyphoidal *Salmonella*.

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
- 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.

Signature of Conditional Employee	_ Date
Signature of Food Employee	_ Date
Signature of Permit Holder or Representative	_ Date