

Form 1-A

Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi (S. Typhi), Shigella spp., Enterohemorrhagic (EHEC) or Shiga Toxin-producing Escherichia coli (STEC), or Hepatitis A Virus.

The purpose of this interview is to inform conditional employees / 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.

Date _____

Employee Information

Conditional Employee Name (print) _____

Food Employee Name (print) _____

Address _____

Telephone _____ Email _____

Are you suffering from any of the following symptoms? (Circle one)

- | | YES / NO | If YES, Date of Onset? |
|---|----------|------------------------|
| a. Diarrhea? | YES / NO | _____ |
| b. Vomiting? | YES / NO | _____ |
| c. Jaundice? | YES / NO | _____ |
| d. Sore throat with fever? | YES / NO | _____ |
| e. Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part, and the cut, wound, or lesion is not properly covered? (Examples: boils and infected wounds, however small) | YES / NO | _____ |

In the Past

- | | |
|--|----------|
| a. Have you ever been diagnosed as being ill with typhoid fever (S. Typhi) | YES / NO |
| i. If you have, what was the date of the diagnosis? | _____ |
| b. If within the past three months, did you take antibiotics for S. Typhi? | YES / NO |
| i. If so, how many days did you take the antibiotics? | _____ |
| c. 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 recently confirmed foodborne disease outbreak?

YES / NO

- a. If YES, date of outbreak _____
- b. If YES, what was the cause of the illness, and did it meet the following criteria?

- | Cause: | Date of illness outbreak |
|---|--------------------------|
| i. Norovirus (exposure within past 48 hours) | _____ |
| ii. <i>E. coli</i> O157:H7 infection (exposure within past 3 days) IAC 77 § 690.400 | _____ |
| iii. Hepatitis A virus (exposure within past 30 days) IAC 77 § 690.450 | _____ |
| iv. Typhoid fever (exposure within past 14 days) IAC 77 § 690.730 | _____ |
| v. Shigellosis (exposure within past 3 days) IAC 77 § 690.640 | _____ |

History of Exposure (continued)

c. If YES, did you:

i. Consume food implicated in the outbreak? _____

ii. Work in a food establishment that was the source of the outbreak? _____

ii. Consume food at an event that was prepared by person who is ill? _____

2. Did you attend an event or work in a setting recently where there was a confirmed disease outbreak?

YES / NO

a. If so, what was the cause of the confirmed disease outbreak? _____

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

i. Norovirus (last exposure within the past 48 hours)

YES / NO

ii. *E. coli* O157:H7 (or other STEC (exposure within the past 3 days)) [IAC 77 § 690.400](#)

YES / NO

iii. *Shigella* spp. (exposure within the past 3 days) [IAC 77 § 690.640](#)

YES / NO

iv. *S. Typhi* (exposure within the past 14 days) [IAC 77 § 690.730](#)

YES / NO

v. Hepatitis A virus (exposure within the past 30 days) [IAC 77 § 690.450](#)

YES / NO

3. 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 STEC?

YES / NO Date of onset of illness _____

4. Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, STEC infection, or hepatitis A?

YES / NO Date of onset of illness _____

Health Practitioner / Doctor Information

Name _____

Address _____

Telephone _____

Signatures

Conditional Employee _____ Date _____

Food Employee _____ Date _____

Permit Holder/Representative _____ Date _____