



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

OR  
 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) YES NO \_\_\_\_\_

**IN THE PAST:**

Have you ever been diagnosed as being ill with typhoid fever (S. Typhi) YES NO

If YES, date of diagnosis? \_\_\_\_\_

If within the past three months, did you take antibiotics for S. Typhi? YES NO

If YES, 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

a. If YES, what was the cause of the illness and did it meet the following criteria?

<b>Cause:</b>	
Norovirus (last exposure within the past 48 hours)	Date of illness outbreak _____
Shiga toxin producing <i>E.coli</i> (last exposure within past 3 days)	Date of illness outbreak _____
Hepatitis A virus (last exposure within the past 30 days)	Date of illness outbreak _____
Typhoid fever (last exposure within the past 14 days)	Date of illness outbreak _____
Shigellosis (last exposure within the past 3 days)	Date of illness outbreak _____
Nontyphoidal <i>Salmonella</i> (last exposure within the past 3 days)	Date of 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 diagnosed with Norovirus, illness due to Shiga toxin producing *E.coli*, Hepatitis A, typhoid fever, shigellosis, or nontyphoidal *Salmonella*? YES NO

If YES, 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, Shiga toxin producing *E.coli*, Hepatitis A, typhoid fever, shigellosis, or nontyphoidal *Salmonella*? YES NO

If YES, date of onset of illness \_\_\_\_\_

Name, address and telephone number of your health practitioner or doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_



**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 _____

