

Applicant and Food Employee Interview Form

The purpose of this form is to ensure that persons to whom an offer of employment has been made and food employees advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to prevent the transmission of foodborne illness.

Name:	
Address:	
Telephone: (day)	(night)

Today:

Are you suffering from any of the following:	
Diarrhea?	Yes / No
Fever?	Yes / No
Vomiting?	Yes / No
Jaundice?	Yes / No
Sore throat with fever?	Yes / No
Do you have any lesions containing pus on hand, wrist or exposed body part? (such as boils and infected wounds, regardless of size)	Yes / No

Past:

Have you ever been diagnosed as being ill with typhoid fever (Salmonella typhi), Shigellosis (Shigella spp.), Escherichia coli 0157:H7 (E.coli 0157:H7), or Hepatitis A (Hepatitis A virus)?	Yes / No
If you have, what was the date of the diagnosis?	/ /

High-Risk Conditions:

Have you been exposed to or suspected of causing a confirmed outbreak of typhoid fever, shigellosis, E. Coli 0157:H7 infection, or Hepatitis A?	Yes / No
Do you live in the same household as a person diagnosed with typhoid fever, shigellosis, Hepatitis A, or illness due to E. Coli 0157:H7 infection?	Yes / No
Do you have a household member attending or working in a setting where there is a confirmed outbreak of Hepatitis A?	Yes / No

Name, address, telephone number of your physician/doctor:

Applicant or food employee: _____ Date: _____

Permit holder's representative: _____ Date: _____