



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 food borne illnesses.

Name:		
Address:		
City:	State:	Zip:
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 hands, wrists, 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)	Yes	No
Shigellosis (Shigella spp.)	Yes	No
Escherichia coli 0157:H7 (E. coli 0157:H7)	Yes	No
Hepatitis A (Hepatitis A virus)	Yes	No
Norovirus	Yes	No

If you answered yes to any of the above, please explain (give dates of diagnosis and treatment used).

HIGH-RISK CONDITIONS

Have you ever been exposed to or suspected of causing a confirmed outbreak of typhoid fever, shigellosis, E. Coli 0157:H7, Norovirus or Hepatitis A	Yes	No
Do you live in the same household as a person diagnosed with typhoid fever, shigellosis, E. Coli 0157:H7, Norovirus or Hepatitis A	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, and telephone number of your physician/doctor:

Applicant or Food Employee Signature: _____ Date: _____

Permit Holder's Representative: _____ Date: _____