

FORM  
1-A

## Applicant and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food  
Employees with Emphasis on illness due to **Salmonella Typhi**, **Shigella** spp.,  
Shiga toxin-producing **Escherichia coli**, and Hepatitis A Virus

**The purpose of this form is to ensure that Applicants to whom a conditional 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 preclude the transmission of foodborne illness.**

Applicant or Employee name (print) \_\_\_\_\_

Address \_\_\_\_\_

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

### TODAY:

Are you suffering from any of the following:

1. Symptoms

Diarrhea?

YES/NO

Fever?

YES/NO

Vomiting?

YES/NO

Jaundice?

YES/NO

Sore throat with fever?

YES/NO

2. Lesions containing pus on the hand, wrist or an exposed body part?

(such as boils and infected wounds, however small)

YES/NO

### PAST:

Have you ever been diagnosed as being ill with typhoid fever (**Salmonella Typhi**), shigellosis (**Shigella** spp.), Shiga toxin-producing **Escherichia coli** infection (**E. coli O157:H7**), or hepatitis A (hepatitis A virus)?

YES/NO

If you have, what was the date of the diagnosis? \_\_\_\_\_

### HIGH-RISK CONDITIONS

1. Have you been exposed to or suspected of causing a confirmed outbreak of typhoid fever, shigellosis, Shiga toxin-producing **Escherichia coli** infection, or hepatitis A? YES/NO

2. Do you live in the same household as a person diagnosed with typhoid fever, shigellosis, hepatitis A, or illness due to Shiga toxin-producing **Escherichia coli**? YES/NO

3. Do you have a household member attending or working in a setting where there is a confirmed outbreak of typhoid fever, shigellosis, Shiga toxin-producing **Escherichia coli** infection, or hepatitis A? YES/NO

Name, Address, and Telephone Number of your Doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone - Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Signature of Applicant or Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder's Representative \_\_\_\_\_ Date \_\_\_\_\_