

MARION COUNTY PUBLIC HEALTH DEPARTMENT

Department of Food and Consumer Safety
4701 N. Keystone Ave Suite 500 • Indianapolis, Indiana 46205 • (317) 221-2222

**THE FOLLOWING DOCUMENTS ARE MODEL FORMS TO BE USED AS
GUIDELINES BY OPERATORS OF FOOD ESTABLISHMENTS FOR
COLLECTING INFORMATION RELATED TO FOOD-BORNE ILLNESS
FROM EMPLOYEES AND APPLICANTS FOR EMPLOYMENT**

**YOU MAY USE THESE FORMS OR DEVISE OTHER METHODS FOR
COLLECTING THE INFORMATION REQUIRED BY SECTIONS 120
THROUGH 127 OF TITLE 410 IAC 7-24**



Application and Food Employee Interview

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 _____

TODAY:

Are you suffering from any of the following?

Symptoms:

Diarrhea	YES/NO
Fever	YES/NO
Vomiting	YES/NO
Jaundice	YES/NO
Sore throat with fever	YES/NO

Lesions containing pus on the hand, wrist or exposed bodies part? YES/NO
(Includes boils and infected wounds)

PAST:

Have you ever been diagnosed as being ill with typhoid fever (Salmonella Typhi), Shigellosis (Shigella spp.), Escherichia coli O157:H7 infection (E. coli O157:H7), or Hepatitis A (Hepatitis A virus)? YES/NO

If yes, 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, E. coli O157:H7 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 E. coli O156:H7? 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, E. coli O157:H7 infection or hepatitis A? YES/NO

Name, Address and Telephone Number of your doctor:

Name _____

Address _____

Telephone _____

Signature of Applicant or Food Employee _____ Date _____

Signature of Permit Holder's Representative _____ Date _____

Food Employee Reporting Agreement

The purpose of this agreement is to ensure that food employees notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude 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. Lesions containing pus on the hand, wrist or exposed body parts

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection or hepatitis A (Hepatitis A virus)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection or hepatitis A
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to *E. coli* O156:H7 or other EHEC/STEC or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection or hepatitis A

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code (Title 410 IAC 7-24 Sections 120 through 127) 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; and
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.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ **Date** _____

Signature of Permit Holder's Representative _____ **Date** _____

Conditional Employee or Food Employee Medical Referral

The Food Code specifies, under **Part 2-2 Employee Health Subpart 2-201 Disease or Medical Condition**, that conditional employees and food employees obtain medical clearance from a health practitioner licensed to practice medicine, unless the food employees have complied with the provisions specified as an alternative to providing medical documentation, whenever the individual:

1. Is chronically suffering from a symptom such as **diarrhea**; or
2. Has a **current illness** involving Norovirus, typhoid fever (Salmonella Typhi), shigellosis (Shigella spp.), E. coli O157:H7 infection (or other EHEC/STEC), or hepatitis A virus (hepatitis A), or
3. Reports **past illness** involving **S. Typhi** (typhoid fever) within the past three months (while salmonellosis is fairly common in U.S., typhoid fever, caused by infection with **S. Typhi**, is rare)

Conditional Employee or Food Employee being referred:

(Name, please print) _____

4. Is the employee assigned to a food establishment that serves a population that meets the Food Code definition of a highly susceptible population such as a day care center with preschool-age children, a hospital kitchen with immunocompromised persons, or an assisted living facility or nursing home with older adults?
YES NO

REASON FOR MEDICAL REFERRAL: The reason for this referral is checked below:

- Is chronically suffering from vomiting or diarrhea; or (specify) _____
- Diagnosed or suspected Norovirus, typhoid fever, shigellosis, E. coli O157:H7 (or other EHEC/STEC) infection, or hepatitis A. (Specify) _____
- Reported past illness from typhoid fever within the past 3 months (Date of illness) _____
- Other medical condition of concern per the following description:

HEALTH PRACTITIONER'S CONCLUSION:

- Food employee is free of Norovirus infection, typhoid fever (S. Typhi infection), Shigella spp. infection, E. coli O157:H7 (or other EHEC/STEC infection), or hepatitis A virus infection, and may work as a food employee without restrictions.
- Food employee is an asymptomatic shedder of E. coli O157:H7 (or other EHEC/STEC), Shigella spp., or Norovirus, and is restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in food establishments that do not serve highly susceptible populations.
- Food employee is not ill but continues as an asymptomatic shedder of E. coli O157:H7 (or other EHEC/STEC) and Shigella spp. and should be excluded from food establishments that serve highly susceptible populations such as those who are preschool age, immunocompromised, or older adults and in a facility that provides preschool custodial care, health care, or assisted living.
- Food employee is an asymptomatic shedder of hepatitis A virus and should be excluded from working in a food establishment until medically cleared.
- Food employee is an asymptomatic shedder of Norovirus and should be excluded from working in a food establishment until medically cleared, or for at least 24 hours from the date of the diagnosis.
- Food employee is suffering from Norovirus, typhoid fever, shigellosis, E. coli O157:H7 (or other EHEC/STEC infection), or hepatitis A and should be excluded from working in a food establishment.

COMMENTS: In accordance with Title I of the Americans with Disabilities Act (ADA) and to provide only the information necessary to assist the food establishment operator in preventing foodborne disease transmission, please confine comments to explaining your conclusion and estimating when the employee may be reinstated:

Signature of Health Practitioner _____ **Date** _____

Employee Health And Restrictions

The following is a summary of several key requirements contained in Title 410 IAC 7-24. Please read sections 120-127 for more detail.

Any food employee applicant that has received an offer for employment or any current food employee must report to the person-in-charge information about their health as it relates to diseases that can be transmissible through food. Issues that must be reported include:

- The employee or applicant is diagnosed with, had in the past, or lives with someone diagnosed with an illness due to:
 - Salmonella typhi
 - Norovirus
 - Shigella spp.
 - E. Coli 0157:H7 or other EHEC/STEC
 - Hepatitis A virus

- The employee has a symptom caused by illness, infection, or other source that is associated with acute gastrointestinal illness such as:
 - diarrhea
 - sore throat with fever
 - vomiting
 - jaundice
 - lesions containing pus on hand, wrist, etc.

- Lesions containing pus (boil or infected wound) which are open or draining and are:
 - on the hands or wrists (a finger cot or single-use glove should be worn)
 - on exposed portions of the arms (should be protected by an impermeable cover)

***Protective coverings should be changed frequently**

When these issues are reported, the person-in-charge should:

- exclude from the establishment, any employee diagnosed with any of the previously mentioned illnesses.
- restrict any food employee with the previously mentioned symptoms from working with exposed food, clean utensils, equipment, and linens, as well as unwrapped single-service and single-use articles. In the situation of a lesion, the employee may complete these duties if the appropriate cover is used.

Any food employee currently experiencing diarrhea, vomiting, fever, jaundice, Norovirus, Salmonella typhi, Shigella spp., E. Coli 0157:H7, or Hepatitis A should **NOT** work with or around the following:

- exposed food
- clean equipment
- clean utensils
- clean linens
- unwrapped single-use articles

*If the onset of jaundice occurred within the last seven (7) calendar days, the food employee should be excluded from the food establishment until documentation is received from a medical professional.

*The person-in-charge must obtain approval from the Marion County Health Department before an excluded employee may return to work.