TOOL 6 - EMPLOYEE HEALTH ASSESSMENT

Purpose: This tool will be used to determine if an employee should be restricted or excluded* and to support the investigation. This assessment tool also allows the person asking the questions to remind the employee of company health policies and provide an opportunity for the employee to answer any questions the employee may have.

Instructions: This form is based on one found in the 2009 FDA Food Code. The Person-in-Charge or other designated Food Establishment person may assess the health of the employees using this tool, to cover a time period determined by the Regulatory/Health Authority. Local regulations may be different, so consult the Regulatory/Health Authority before beginning to use this form routinely.

*NOTE: If employee has a reason for any symptoms that may be unrelated to foodborne illness, such as vomiting due to pregnancy, etc., please note the reason on the form next to the symptom. It should be clearly indicated to the employee that this information may be shared with Regulatory/Health Authorities, and may be followed by additional questions.

EMPLOYEE HEALTH ASSESSMENT

Date: _____ /_____ /_____ (mm/dd/yy)

Establishment: _____ City/State: _____

Employee Name: _____ Date of Birth: _____/_____/_____(mm/dd/yy)

1. Have you experienced any of the following symptoms within the time period of _____/_____/_____ (mm/dd/yy) to _____/_____/_____? (mm/dd/yy) (Check all that apply)

- ☐ Diarrhea
- ☐ Vomiting
- ☐ Abdominal pain
- ☐ Sore throat with fever
- ☐ No symptoms
- ☐ Fever
- ☐ Jaundice (yellowing of skin/eyes)
- ☐ Nausea
- ☐ Other:_____

2. Has anyone in your household, family member or close contacts experienced any of the following symptoms within the period mentioned? (Check all that apply)

- ☐ Diarrhea
- ☐ Vomiting
- ☐ Abdominal pain
- ☐ Sore throat with fever
- ☐ No symptoms
- ☐ Fever
- ☐ Jaundice (yellowing of skin/eyes)
- ☐ Nausea
- ☐ Other:_____

3. Did you work at this or any other food establishment during the period of

_____/_____/_____ and _____/_____/_____? (mm/dd/yy)

☐ Yes (If yes, answer questions below) ☐ No

Dates worked: _____

Positions/Tasks (examples: cook, cashier, wait staff, prep staff, dishwasher, etc.)

_____

Foods prepared: _____

Additional instructions for the Person-in-Charge or Owner/Operator/Manager:

- Review the following disease/illness prevention guidelines with employee:

o Review of disease/illness symptoms
o Proper hand washing
o Workplace exclusion if ill
o Proper hygiene
o Immediate notification of Person-in-Charge if symptomatic

- Let the employee know that the Food Establishment is working with the Regulatory/Health Authorities, so it is important to remind the employee to cooperate, stay calm and not spread rumors.

- Ask the employee if they have any questions and thank them for their assistance

CURRENTLY SYMPTOMATIC:

☐ Yes (if YES, consult with the Regulatory/Health Authority for clinical testing directions)

☐ No

*For more information on exclusions and restrictions, refer to the Regulatory/Health Authority and Tools # 7A or 7B.