### Foodborne Illness Investigation: Food Worker Interview

<table>
<thead>
<tr>
<th>Interviewer:</th>
<th>Date of Interview:</th>
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<tr>
<td>Food Worker Name:</td>
<td>Position:</td>
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<td>Address:</td>
<td>Phone:</td>
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#### WORK HISTORY

- **How long have you worked at this establishment?**
- **Do you work as a food worker anywhere else?**
  - [ ] Yes  [ ] No
  - If yes, where?

#### Time period of concern (usually 10 days prior to the suspect meal):

- **When did you work during this time period?**

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- Did you handle/prepare any of the suspect foods? (Provide a list of foods.)
  - [ ] Yes  [ ] No
  - If yes, list the foods on the reverse side of this page.

- Did you eat any foods prepared on the date of the suspect meal?
  - [ ] Yes  [ ] No
  - If yes, indicate the foods eaten:

#### ILLNESS HISTORY

- **Did you have any of the following symptoms between ____________ and today?**
  (Usually ask about symptoms from two weeks prior to suspect meal.)

  **CHECK ALL THAT APPLY:**

  - Nausea
  - Vomiting
  - Diarrhea
  - Muscle aches
  - Headaches
  - Fever
  - Chills
  - Abdominal cramps
  - # of episodes/day:

  **If any symptoms, ask:**
  - When did the symptoms begin? (Date/time)
  - When did the symptoms end? (Date/time)
  - See a doctor / go to the hospital? Yes  [ ] No  [ ]
  - If yes, Name of HCP:
  - Diagnosis?
  - Date you returned to work:
  - Sick leave pay? Yes  [ ] No  [ ]
  - Must you tell your employer/manager when you are ill with diarrhea or vomiting? Yes  [ ] No  [ ]

- **Has anyone else in your household been ill during the same period?**
  - [ ] Yes  [ ] No
  (If more than one person was ill, list all information on the reverse side of this page.)

  - If yes, which symptoms did they experience?
  - When did the symptoms begin?
  - When did the symptoms end?
  - Occupation of this household member:

#### STOOL SPECIMEN

- **Provide food worker with a stool kit.**
  - **Date kit given:**
  - **Instruct ill food worker that he/she may not work until cleared by Public Health.**
  - **Instruct well food worker that the stool must be submitted within **48 hours** or the worker may be excluded from work.
  - **Employee’s name must be on the specimen vial and on the paperwork inside the kit.**
Facility:  
Date of Suspect Meal:  
Phone:  

Master List of Food Employees/Duties

(Include: Servers, Dishwashers, Food Preparation Workers, Bartenders, Kitchen Supervisor, Kitchen Manager, and anyone who is associated with food service or who has access to the kitchen.)

List all who worked or were absent from work between ______________and the present. Note any workers who were out sick two weeks before or after the suspect meal.

Manager in charge of the facility on the date of the suspect meal/event:  
Person in charge of the kitchen on the date of the suspect meal/event:  
Name(s) of the Certified Food Protection Manager(s):

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<tr>
<th>Name</th>
<th>Phone</th>
<th>Foods Prepared and/or Duties Performed</th>
<th>Shift Worked / Days Out Sick</th>
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