

Sick Food Worker Questionnaire
(Must be completed whenever an employee reports illness)

Call Date: _____ Call Time: _____

Employee Name: _____

1. Do you have diarrhea? (3 or more loose bowel movements in a 24 hour period or 1 loose bowel movement with a fever).

2. If Yes, when did it start? Date & time: _____

3. Do you have any nausea or vomiting?

4. If Yes, when did it start? Date & time: _____

5. Do you have a fever?

6. If Yes, when did it begin? Date & time: _____

7. Did you see a physician or go to a clinic?

8. If Yes, name, address, phone # and diagnosis:

9. Is anyone else in your household ill? Name & age:

If any answers to questions 1, 3 & 5 are Yes, the worker must be excluded from the establishment until cleared to return to work.

Employee must call supervisor for authorization to return to work.

For otherwise undiagnosed GI illness or fever, exclude worker for 72 hours after recovery (last loose stool, bout of vomiting, fever back to normal).

Report illness to local health department (REQUIRED).

Signature of person taking call: _____

Print Name & Title: _____

Date employee cleared to return to work: _____

Signature of person authorizing return to work: _____

Print Name & title: _____