



APPLICANT AND FOOD EMPLOYEE INTERVIEW (REV. 1/23/2018)

Preventing transmission of diseases through Food by infected Food Employees with emphasis on illness due to Salmonella spp., S. Typhi, Shigella spp., Enterhemorrhagic & Shiga toxin-producing Escherichia coli 0157:H7 (E. Coli 0157:H7), Hepatitis A Virus (Hepatitis A), Entamoeba Histolytica, Campylobacter spp., Vibrio Cholerae, Cryptosporidium, Cyclospora, Giardia, Norovirus or Yersinia pursuant to Ohio Revised Code § 3717.05, Uniform Food Safety Code and the rules promulgated thereunder contained in the Ohio Administrative Code Sections 3717-1-02.1 ("Food Code").

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 by contacting the County Health Department.

Applicant or Employee Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

AS OF TODAY

PLEASE SELECT YES OR NO FOR EACH ITEM

1. I have been diagnosed with one of the following:

Salmonella
spp.

☐
Yes

☐
No

Shigella
spp.

☐
Yes

☐
No

E. Coli 0157:H7

☐
Yes

☐
No

Hepatitis A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Entamoeba Histolytica	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cyclospora	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Campylobacter spp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Giardia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vibrio Cholerae	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Norovirus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yersinia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cryptosporidium	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salmonella typhi	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

2. Do you have any of the following symptoms?

PLEASE SELECT YES OR NO FOR EACH ITEM!

Diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sore throat with fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jaundice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Date of Onset: _____

3. Lesions containing pus (e.g. boil or infected wound) that are open or draining on the hands, wrists, exposed portions of the arms or an exposed body part, however small? ☐ Yes ☐ No

IN THE PAST: Have you ever been diagnosed as being ill with:

PLEASE SELECT YES OR NO FOR EACH ITEM

Salmonella spp.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____	Shigella spp.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____
E. Coli 0157:H7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____	Hepatitis A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____
Entamoeba Histolytica	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____	Cyclospora	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____
Campylobacter spp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____	Giardia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____
Vibrio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Onset: _____

Cholerae	Yes	No	_____	Norovirus	Yes	No	_____
Yersinia	<input type="checkbox"/>	<input type="checkbox"/>	Date of Onset: _____	Cryptosporidium	<input type="checkbox"/>	<input type="checkbox"/>	Date of Onset: _____
	Yes	No			Yes	No	
Salmonella typhi	<input type="checkbox"/>	<input type="checkbox"/>	Date of Onset: _____				
	Yes	No					

**HIGH RISK
CONDITIONS:**

**PLEASE SELECT YES OR NO FOR EACH
ITEM**

1. Have you been exposed to or suspected of causing a confirmed foodborne disease outbreak caused by S. Typhi, Shigella spp., E. Coli 0157:H7, or Hepatitis A or Norovirus virus including an outbreak at an event such as a family meal, church supper or festival because you prepared the food, consumed the food, or consumed food at the event prepared by a person who was infected or ill with the infectious agent that caused the outbreak or who was suspected of being a shedder of the infectious agent? ☐ Yes ☐ No
2. Do you live in the same household as a person diagnosed with a disease caused by S. Typhi, Shigella spp., E. Coli 0157:H7, or Hepatitis A or Norovirus virus? ☐ Yes ☐ No
3. Do you live in the same household as a person who attends or works in a setting where there is a confirmed disease outbreak caused by S. Typhi, Shigella spp, E. Coli 0157:H7, or Hepatitis A or Norovirus virus? ☐ Yes ☐ No

NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR DOCTOR:

(Optional)

Name: _____

Address: _____

Phone #: _____

I understand that any false statement on this form may result in the withdrawal of AES Companies's conditional offer of employment or if I am employed by AES Companies may result in the immediate termination of my employment with AES Companies.

Employee Signature

Date

AES Representative Signature

Date

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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:

FUTURE SYMPTOMS AND PUSTULAR LESIONS FOR THE FOLLOWING:

1. Diarrhea
2. Fever
3. Vomiting
4. Sore throat with fever
5. Jaundice
6. Lesions containing pus (e.g. boil or infected wound) that are open or draining on the hands, wrists, exposed portions of the arms or an exposed body part, no matter how small.

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with Salmonella spp., Salmonella typhi, Shigella spp., E. Coli 0157:H7, Hepatitis A, Entamoeba Histolytica, Campylobacter spp., Vibrio Cholerae, Cryptosporidium, Cyclospora, Giardia, Norovirus or Yersinia.

FUTURE HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing a confirmed foodborne disease outbreak caused by S. Typhi, Shigella spp., E. Coli 0157:H7, or Hepatitis A virus including an outbreak at an event such as a family meal, church supper or festival because you prepared the food, consumed the food, or consumed food at the event prepared by a person who was infected or ill with the infectious agent that caused the outbreak or who was suspected of being a shedder of the infectious agent?
2. A household member diagnosed with a disease caused by S. Typhi, Shigella spp, E. Coli 0157:H7, or Hepatitis A or Norovirus virus.
3. A household member attending or working in a setting where there is a confirmed disease outbreak caused by S. Typhi, Shigella spp, E. Coli 0157:H7, Norovirus, or Hepatitis A virus.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. The reporting requirements specified above involving symptoms, diagnosis, and high-risk conditions specified;
2. The 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 will result in disciplinary action up to and including termination of my employment with AES Companies and could lead to legal action against me by AES Companies or the food regulatory authority.

Employee Signature

Date

AES Representative Signature

Date

