



TEXAS
Health and Human
Services

**Consumer Protection Division
Policy, Standards, And Quality Assurance Section
Public Sanitation And Retail Food Safety Unit**

**Texas Department of State
Health Services**

PUBLIC SANITATION AND RETAIL FOOD SAFETY MODEL FORMS

Form: No. 1-A - Conditional Employee and Food Employee Interview

Applicable Texas Food Establishment Rules (TFER) Section: §228.35

Form 1-A Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on illness due to Norovirus, Salmonella Typhi, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC), hepatitis A Virus, or Non-Typhoidal Salmonella

This form meets the requirements and intent of the Texas Food Establishment Rules (TFER). The form is intended to facilitate adoption of the TFER and the application of its provisions as they relate to conditional employees' and food employees' health and to food establishment inspections. The use of this form is not mandatory, but serves as a good example to assist those responsible for managing employees in order to prevent foodborne disease.

The purpose of this interview is to inform conditional employees and food employees to 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.

Food Employee Name:

Conditional Employee
Name:

Address:

City:

State:

Daytime Phone Number:

Evening Phone
Number:

Date:

Are you suffering from any of the following
symptoms?

	Yes	No	Date of Onset
1 Diarrhea	Yes	No	_____
2 Vomiting	Yes	No	_____
3 Jaundice	Yes	No	_____
4 Sore throat with fever	Yes	No	_____
5 Have an infected cut or wound that is open and draining or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered?	Yes	No	_____

In the Past:

	Yes	No	Date of Onset
Have you ever been diagnosed as being ill with typhoid fever? (Salmonella Typhi)	Yes	No	_____
a If within the past 3 months, did you take antibiotics	Yes	No	_____
b If you took antibiotics, did you finish the prescription	Yes	No	_____

History of Exposure

	Yes	No	Date of Onset
Have you been suspected of causing or have you been exposed to a confirmed disease outbreak recently?	Yes	No	_____
a If yes, what was the cause of the illness	_____		

	exposure within past 48 hours	Date of outbreak: _____
1 Norovirus		

	<i>E.Coli</i> O157:H7		Date of outbreak: _____
2	Infection	exposure within past 3 days	Date of outbreak: _____
	Hepatitis A	exposure within past 30 days	Date of outbreak: _____
3	Virus		Date of outbreak: _____
	Salmonella Typhi		Date of outbreak: _____
4	(Typhoid Fever)	exposure within last 14 days	Date of outbreak: _____
	Shigellosis	exposure within last 3 days	Date of outbreak: _____
5	Nontyphoidal	exposure within last 12-72 hrs.	Date of outbreak: _____
6	Salmonella		Date of outbreak: _____

- b If Yes, did you:
- | | | |
|---|-----|----|
| Consume food implicated in the outbreak? | Yes | No |
| Work in a food establishment that was the source of the outbreak? | Yes | No |
| Consume at an event that was prepared by person who is ill? | Yes | No |

Did you attend an event or work in a setting recently where there was a confirmed disease outbreak?

Yes No

If so, what was the cause of the confirmed disease outbreak?

If the cause was one of the following six pathogens, did exposure to the pathogen meet

the following criteria:

	<i>E.Coli</i> O157:H7	exposure within past 48 hours	Yes	No
1	Norovirus			
	Hepatitis A	exposure within past 3 days	Yes	No
2	Infection	exposure within past 30 days	Yes	No
	Virus			
	Salmonella Typhi			
3	(Typhoid Fever)	exposure within last 14 days	Yes	No
	Shigellosis	exposure within last 3 days	Yes	No
4	Nontyphoidal	exposure within last 12-72 hrs.	Yes	No
5	Salmonella		Yes	No

Do you live in the same household as a person diagnosed with Norovirus, Shigellosis, Salmonella Typhi, hepatitis A, or illness

Yes No

Date of Onset _____

due to

E.coli O157:H7 or other EHEC/STEC infection, nontyphoidal Salmonella or hepatitis A? _____

Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, Salmonella typhi, Shigellosis, EHEC/STEC infection, nontyphoidal Salmonella or hepatitis A?	Yes	No	Date of Onset _____
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Treating Health Practitioner or Doctor:

Name: _____

Address: _____	City: _____	State: _____
Daytime Phone Number: _____	Evening Phone Number: _____	

Signature of Conditional Employee: _____ Date: _____

Signature of Food Employee: _____ Date: _____

Signature of Permit Holder or Representative: _____ Date: _____