

Employee Illness Screening Form

Total number of employees interviewed:

Name of Establishment:	Suspect Incident Date:
RIDOH Field Staff Name:	Interview Date:
Employee name:	D Other:
□ Nausea □ Vomiting □ Diarrhea □ Fever □	Abd Cramps D Other
When did your symptoms start?/(time:)
When did you start to feel better?/ _/(time: Foods prepped/handled:	
Are you aware of any fellow employees or customers that bec Have any members of your household had diarrhea or vomitin	- <u> </u>
Employee name:	□ Other: e last month? □ YES □ NO I Abd Cramps □ Other)) When did you return to work?/ ame ill with vomiting or diarrhea? □ YES □ NO
When did your symptoms start? //(time: When did you start to feel better? //(time: Foods prepped/handled:	e last month?
Are you aware of any fellow employees or customers that bec Have any members of your household had diarrhea or vomitin	



Employee name:	
□ Nausea □ Vomiting □ Diarrhea □ Fever □ Abd Cramps □ Other	
When did your symptoms start?/_ (time:)	
When did you start to feel better? / / When did you return to work? / Foods prepped/handled:	
Are you aware of any fellow employees or customers that became ill with vomiting or diarrhea?	
Employee name: Job title/description: Food prep Dishwasher Cook Server Other: Have you experienced any of the following symptoms over the last month? YES NO Nausea Vomiting Diarrhea Fever Abd Cramps Other When did your symptoms start?	
Employee name: Job title/description: Food prep Dishwasher Cook Server Other: Have you experienced any of the following symptoms over the last month? YES No Nausea Vomiting Diarrhea Fever Abd Cramps Other When did your symptoms start?	
Foods prepped/handled:	

Additional Comments: