

## Employee Illness Screening Form

## Total number of employees interviewed:

Name of Establishment:	Suspect Incident Date:
RIDOH Field Staff Name:	Interview Date:
Employee name:	<b>D</b> 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: