

HEALTH QUESTIONNAIRE FOR FOOD EMPLOYEES

In accordance with Ohio Uniform Food and Safety Code 3717-1-02.1, titled **Management and Personnel: Employee Health**, please complete the following questionnaire:

Do you currently have any of the following symptoms?

(Check all that apply)

Vomiting Diarrhea Jaundice Sore throat with fever
 A lesion containing pus such as a boil or infected wound that is open or draining

Do you presently diagnosed as having an illness due to any of the following?

(Check all that apply)

Campylobacter Cryptosporidium Cyclospora
 Entamoeba histolytica Enterhemorrhagic or shiga toxin-producing Esherichia coli
 Giardia Hepatitis A Norovirus
 Salmonella spp Salmonella Typhi Shigella
 Vibrio cholerae Yersinia
 NO, I have not been diagnosed as having an illness due to any of the above infectious agents.

Have you been diagnosed in the past with an illness from any of the above infectious agents?

NO YES

I am aware that it is my responsibility to immediately report to the person in charge information about my health and activities as they relate to diseases that are transmissible through food.

Printed name of employee

Signature of employee

Date