

Employee Illness Screening Form for Salmonella

This form is for use during times of elevated concern for employee illness. The health department will notify the person in charge (PIC) when to discontinue using this form.

Instructions

The PIC will ask the following question of each employee before they begin each of their shifts:

- In the last 2 weeks, has the employee experienced any of the symptoms listed below?
 - If an employee has any of the symptoms listed below, they cannot work and should be sent home immediately.
 - The PIC must contact the health department for further instructions before employees with any of the symptoms listed below can return to work.
- The PIC and employee should initial each entry.

Employee Name	Date	Vomiting (Y/N)	Diarrhea (Y/N)	Fever (Y/N)	Cramping (Y/N)	Employee Initials	PIC Initials

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Employee Name	Date	Vomiting (Y/N)	Diarrhea (Y/N)	Fever (Y/N)	Cramping (Y/N)	Employee Initials	PIC Initials

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To obtain this information in a different format, call: 651-201-4500. Printed on recycled paper.

EMPLOYEE ILLNESS SCREENING FORM FOR SALMONELLA

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