



Employee Illness Screening Form

Total number of employees interviewed:

Name of Establishment:

Suspect Incident Date:

RIDOH Field Staff Name:

Interview Date:

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? ___/___/___ (time:)

When did you start to feel better? ___/___/___ (time:) 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? YES NO

Have any members of your household had diarrhea or vomiting in the last month? YES NO

Employee name: _____

Job title/description:

Food prep Dishwasher Cook Server Other: _____

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Additional Comments: