

Employee Illness Screening Form for Norovirus

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 72 hours, has the employee experienced any of the symptoms listed below?
 - Employees with any of the symptoms listed below cannot return to work for at least 72 hours after symptoms end.
 - If an employee has experienced one of the symptoms below, notify your health inspector.
- The PIC and employee should initial each entry.

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

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

EMPLOYEE ILLNESS SCREENING FORM FOR NOROVIRUS

To obtain this information in a different format, call 651-201-4500. Printed on recycled paper. APRIL 2017 REVISION 1.0

EMPLOYEE ILLNESS SCREENING FORM FOR NOROVIRUS

Minnesota Department of Health Food, Pools, and Lodging Services PO Box 64975 St. Paul, MN 55164-0975 651-201-4500 <u>health.foodlodging@state.mn.us</u> <u>Food, Pools, and Lodging Services</u> (http://www.health.state.mn.us/divs/eh/fpls/) <u>Minnesota Department of Health District Offices</u> (http://www.health.state.mn.us/about/dist.html)