Minnesota Department of Health

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

EMPLOYEE ILLNESS SCREENING FORM FOR SALMONELLA

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

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

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EMPLOYEE ILLNESS SCREENING FORM FOR SALMONELLA

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)