

Employee Health Check

Instructions: The Employee Health Check tool allows management to track each employee's health daily and/or weekly before the start of their shift. Employees must answer questions on current illness by circling (Y) - Yes or (N) - No. They must provide a signature to verify that the answers indicated are true.

DATE: EMPLOYEE:	DATE: EMPLOYEE:							
SHIFT START TIME: SHIFT LEADER:	SHIFT START TIME: SHIFT LEADER:							
Y N Have you had symptoms within the last 24 hours (such as vomiting, diarrhea, jaundice, sore throat with fever, and/or a skin infection with open sores)?	Y N Have you had symptoms within the last 24 hours (such as vomiting, diarrhea, jaundice, sore throat with fever, and/or a skin infection with open sores)?							
Y N Have you been diagnosed with a foodborne illness or exposed to an outbreak?	Y N Have you been diagnosed with a foodborne illness or exposed to an outbreak?							
Y N Has anyone you lived with been diagnosed with a foodborne illness or exposed to an outbreak?	Y N Has anyone you lived with been diagnosed with a foodborne illness or exposed to an outbreak?							
I verify that all answers are true. SIGNATURE:	I verify that all answers are true. SIGNATURE:							
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Employee Absence/Illness Record

Instructions: Use this log to monitor employee absences due to illness. Tracking absences will enable your establishment to better control the spread of foodborne illnesses. Please review and refer to your establishment's Employee Health Policy.

													Re.		
													Date Reported		
*If vomiting a													Employee Name		
If vomiting and diarrhea, exclude from work until 24 hours after symptoms end. If jaundiced, contact the Health Department.	vb, _stw	VDJSTIW	vb, _stw	VDJSTIW	vb, _stw	VDJSTIW	Vomiting (V), diarrhea (D), jaundice (J), sore throat with fever (ST), infected wounds (IW)?	Symptoms Reported to Manager by Employee:							
k until 24 hours aft													Other Symptoms	ger by Employee:	
er symptoms													Date Excluded or Restricted from Work?*		
end. If jaur													Date Returned to Normal Work Duties?		
ndiced, con													Consulted with Doctor?	Mar	
tact the Healtl													Diagnosed?** Y/N - If yes, name illness.	Manager/Employee Response:	
h Department.													Contacted Health Department? Y/N	Response:	
													Restricted Duties		

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^{**}If a food employee reports a diagnosis of Norovirus, E.coli O157:H7, Shigella, Hepatitis A, Salmonella Typhi or Nontyphoidal Salmonella (NTS), exclude the employee and contact the Health Department at 703-246-2444 for guidance. If undiagnosed, refer to the Employee Illness Decision guide provided to you by the Health Department.