

Volunteer Health Interview Form

Should be read and signed by each food worker for each day in operation.

Date: _____ **Person in Charge:** _____

Environmental Health of Chippewa County Health Department requires that all food workers, employees, and/or volunteers understand that they must report to the person in charge if ever diagnosed with, have, or come into contact with anyone having any of the following Big 5 Illnesses: **Shigella (Dysentery), E. coli 0157:H7, Salmonella typhi (Typhoid Fever), Hepatitis A, Norovirus**, or is currently suffering from the following symptoms associated with the Big 5 Illnesses: **vomiting, diarrhea, jaundice, sore throat with fever, pustular lesions, or coughing/sneezing.**

I agree to report to the person in charge and take precautionary measures if I am diagnosed or come into contact with anyone having any of the above Big 5 illnesses, or exhibit any of the symptoms listed. I will not work with foods if I have had symptoms of vomiting or diarrhea within the last 24 hours.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____