FORM 1-C  Conditional Employee or Food Employee Medical Referral

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on Illness due to Norovirus, Typhoid Fever (Salmonella Typhi), Shigellosis (Shigella spp.), Escherichia coli O157:H7 or other Enterohemorrhagic (EHEC) or Shiga Toxin-producing Escherichia coli (STEC), and Hepatitis A Virus

The Food Code specifies, under Part 2-2 Employee Health Subpart 2-201 Disease or Medical Condition, that Conditional Employees and Food Employees obtain medical clearance from a health practitioner licensed to practice medicine, unless the Food Employees have complied with the provisions specified as an alternative to providing medical documentation, whenever the individual:

1. Is chronically suffering from a symptom such as diarrhea; or
2. Has a current illness involving Norovirus, typhoid fever (Salmonella Typhi), shigellosis (Shigella spp.), E. coli O157:H7 infection (or other EHEC/STEC), or hepatitis A virus (hepatitis A), or
3. Reports past illness involving typhoid fever (S. Typhi) within the past 3 months (while salmonellosis is fairly common in the United States, typhoid fever, caused by infection with S. Typhi, is rare).

Conditional employee being referred: (Name, please print) ___________________________

Food Employee being referred: (Name, please print) ________________________________

4. Is the employee assigned to a food establishment that serves a population that meets the Food Code definition of a highly susceptible population such as a day care center with preschool-age children, a hospital kitchen with immunocompromised persons, or an assisted living facility or nursing home with older adults?  YES □  NO □

Reason for Medical Referral: The reason for this referral is checked below:

☐ Is chronically suffering from vomiting or diarrhea; or (specify) __________________________

☐ Diagnosed or suspected Norovirus, typhoid fever, shigellosis, E. coli O157:H7 (or other EHEC/STEC) infection, or hepatitis A. (Specify) __________________________

☐ Reported past illness from typhoid fever within the past 3 months.  
   (Date of illness) __________________________

☐ Other medical condition of concern per the following description: __________________________
   __________________________
FORM 1-C (continued)

Health Practitioner’s Conclusion:  (Circle the appropriate one; refer to reverse side of form)

☐ Food employee is free of Norovirus infection, typhoid fever (S. Typhi infection),
  Shigella spp. infection, E. coli O157:H7 (or other EHEC/STEC infection), or hepatitis A
  virus infection, and may work as a food employee without restrictions.

☐ Food employee is an asymptomatic shedder of E. coli O157:H7 (or other EHEC/STEC),
  Shigella spp., or Norovirus, and is restricted from working with exposed food; clean
  equipment, utensils, and linens; and unwrapped single-service and single-use articles in
  food establishments that do not serve highly susceptible populations.

☐ Food employee is not ill but continues as an asymptomatic shedder of E. coli
  O157:H7 (or other EHEC/STEC) and Shigella spp. and should be excluded from
  food establishments that serve highly susceptible populations such as those who are
  preschool age, immunocompromised, or older adults and in a facility that provides
  preschool custodial care, health care, or assisted living.

☐ Food employee is an asymptomatic shedder of hepatitis A virus and should be
  excluded from working in a food establishment until medically cleared.

☐ Food employee is an asymptomatic shedder of Norovirus and should be excluded from
  working in a food establishment until medically cleared, or for at least 24 hours from the
  date of the diagnosis.

☐ Food employee is suffering from Norovirus, typhoid fever, shigellosis, E. coli O157:H7
  (or other EHEC/STEC infection), or hepatitis A and should be excluded from working in
  a food establishment.

COMMENTS:  (In accordance with Title I of the Americans with Disabilities Act (ADA) and to
provide only the information necessary to assist the food establishment operator in preventing
foodborne disease transmission, please confine comments to explaining your conclusion and
estimating when the employee may be reinstated.)

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Signature of Health Practitioner ___________________________ Date ________________