

Daim Ntawv Ntsuas Tus Neeg Ua Haujlwm Mob *Salmonella*

Employee Illness Screening Form for Salmonella

Hmong

Siv daim ntawv no rau lub sijhawm txhawj xeeb txog tus neeg ua haujlwm li kev mob kev nkeeg. Chav ua haujlwm noj qab nyob zoo (health department) mam li qhia rau tus neeg uas yog tus coj (PIC) seb thaum twg thiaj li tsis siv daim ntawv no lawm.

Lus Qhia

Tus PIC yuav nug cov lus nug tom ntej no rau txhua tus neeg ua haujlwm ua ntej lawv pib lawv sij haujlwm:

2 lub lim tiam dhau los, tus neeg ua haujlwm puas tau muaj tej tsos mob li nram qab no?

- Yog tias ib tus neeg ua haujlwm twg tau muaj tej tsos mob li hauv qab no, yuav tsis pub lawv ua haujlwm thiab yuav tsum muab lawv xa mus tsev.
- Tus PIC yauv tsum qhia rau chav ua haujlwm noj qab nyob zoo (health department) txog seb thaum twg mam li rov pub cov neeg no rov qab ua haujlwm.

Tus PIC thiab tus neeg ua haujlwm yuav tsum initial lossis kos lawv npe rau txhua kab.

English

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 listed 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.

Tus Neeg Ua Haujlwm Npe (Employee Name)	Hnub tim (Date)	Ntuav (Y/N) (Vomiting (Y/N))	Raws Plab (Y/N) (Diarrhea (Y/N))	Ua Npaws (Y/N) (Fever (Y/N))	Mob Plab Tej Zag Tej Zag (Y/N (Cramping (Y/N))	Tus neeg ua haujlwm kos thawj tus tsiaj ntawv ntawd nws lub npe (Employee Initials)	Cov tsiaj ntawv ntawm tus neeg uas yog tus PIC npe (PIC Initials)

DAIM FOOS NTSUAS TUS NEEG UA HAUJLWM MOB SALMONELLA | 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
health.foodlodging@state.mn.us
www.health.state.mn.us

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Xav tau cov ntaub ntawv no ua lwm hom, hu rau:
651-201-4500 or 651-201-6000.

*To obtain this information in a different format, call:
651-201-4500 or 651-201-6000.*