

EMPLOYEE HEALTH

Food Employee Reporting Agreement

Employees (and applicants offered employment) in a public food service establishment must report the illnesses/symptoms listed in the charts below when they occur along with the date that symptoms began (or date of diagnosis) to the manager or person in charge, so the person in charge can take appropriate steps to prevent the transmission of foodborne illness.

I agree to report to the Person in Charge:

Any of the following symptoms, either at work or outside of work, including the date symptoms began	
<ul style="list-style-type: none"> ▪ Vomiting ▪ Diarrhea ▪ Jaundice 	<ul style="list-style-type: none"> ▪ Sore throat with fever ▪ A lesion containing pus or an infected wound (unless properly covered)

If diagnosed as being ill with one of the following illnesses	
<ul style="list-style-type: none"> ▪ Hepatitis A ▪ Shigella ▪ Norovirus 	<ul style="list-style-type: none"> ▪ Salmonella Typhi (typhoid fever) ▪ Shiga toxin-producing E. coli ▪ Nontyphoidal Salmonella

If exposed to the following illnesses within the timeframe specified.	
<ul style="list-style-type: none"> ▪ Norovirus within the past 48 hours ▪ Hepatitis A within the past 30 days ▪ Shigella within the past 3 days 	<ul style="list-style-type: none"> ▪ Shiga toxin-producing E. coli within the past 3 days ▪ Salmonella typhi (typhoid fever) within the past 14 days

Exposure includes consumed or prepared food implicated in a confirmed foodborne outbreak, attending or working in a location where there is a confirmed foodborne outbreak, living in the same house as a person who attends or works in a location where there is a confirmed foodborne outbreak, living in the same house as a person diagnosed with one of the above mentioned illnesses or consumed food prepared by a person who is ill with one of the above mentioned illnesses

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

- Reporting requirements specified above involving symptoms, diagnoses and exposures;
- Work restrictions or exclusions that are imposed over me; and
- Good hygienic practices.

Food Employee Name: _____

Signature of Food Employee: _____ Date: _____

Signature of Permit Holder: _____ Date: _____

The information in this form is based upon the 2017 Food and Drug Administration Food Code.