Food Employee Reporting Agreement

I AGREE TO REPORT TO THE PERSON IN CHARGE:

- **Any of the following symptoms (either while at work or outside work), within 24 hours of onset:**
  - Vomiting
  - Diarrhea
  - Jaundice
  - Sore throat with fever
  - Infected cuts or wounds, or lesions containing pus (such as a boil) on the hands, wrists, forearms, or exposed body part.
  - Infected cuts or wounds, or lesions containing pus (such as a boil) on other parts of the body, unless the lesion is properly covered by a dry, durable, tight-fitting bandage.

- **An illness diagnosed by a health care practitioner due to any of the six pathogens:**
  1) Norovirus
  2) Hepatitis A virus
  3) *Shigella* spp. (shigellosis)
  4) Shiga toxin-producing *Escherichia* coli infection (such as *Escherichia* coli O157:H7)
  5) *Salmonella* Typhi (typhoid fever)
  6) nontyphoidal *Salmonella*

- **A previous illness, diagnosed by a health care practitioner, within the past three (3) months due to *Salmonella* Typhi.**

- **Exposure to a confirmed disease outbreak because I:**
  - Worked (or attended) where there is a confirmed disease outbreak of any of the six pathogens.
  - Ate food that is the source of a confirmed disease outbreak of any of the six pathogens.
  - Ate food prepared by a person who is ill with any of the six pathogens.
  - Live with a household member that is diagnosed with any of the six pathogens.
  - Live with a household member that attended or works where there is a confirmed disease outbreak of any of the six pathogens.

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:

1. Reporting requirements outlined above involving symptoms, diagnoses, and exposures specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

Employee Name (print):
_____

Signature of Employee: _____ Date: _____

Business Name: _____

PIC Name (Print): _____

PIC Signature: _____ Date: _____