

Food Employee Reporting Agreement

This agreement informs employees of their responsibility to notify the person in charge when they experience any of the conditions listed. The person in charge can then take appropriate steps to stop the transmission of foodborne illness.

I, _____, **AGREE TO REPORT TO THE PERSON IN CHARGE.**

Any onset of the following symptoms, while either at work or outside of work, including the date of onset:

- Diarrhea
- Vomiting
- Jaundice
- Sore throat with fever
- Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, Salmonella, typhoid fever (Salmonella Typhi), shigellosis (shigella spp. Infection), Escherichia coli O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.

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 specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print): _____

Food Employee Name (please print): _____

Signature of Food or Conditional Employee: _____ **Date:** _____

Signature of Permit Holder or Representative: _____ **Date:** _____



Revised 7/17/23

Quick Reference Guide for Illness

You must report the following diseases, symptoms, and issues to the person in charge prior to starting work.

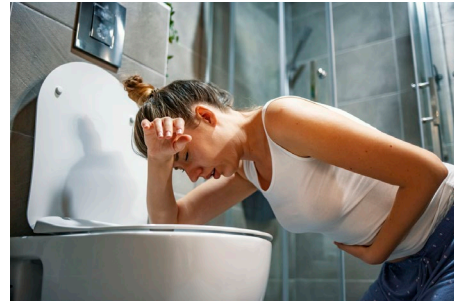
Diseases

- Norovirus
- Shigella
- Typhoid Fever
- Escheria Coli
- Hepatitis A
- Salmonella

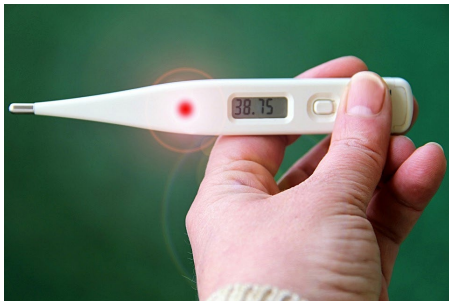
Symptoms



Diarrhea



Vomiting



Fever with sore throat



Infected or open wounds


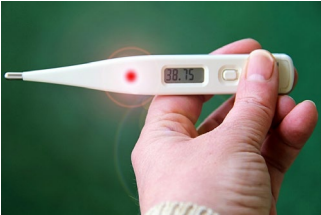




**Persistent coughing
and sneezing**



**Jaundice
(Yellowing eyes, nails, and/or skin)**

Food Handler Illness Reference Guide

Symptom	Action	Details
Vomiting or Diarrhea 	EXCLUDE	Return to work after no symptoms for 24 hours. Can also have medical documentation from a health practitioner that states the symptom is from a noninfectious condition.
Fever and sore throat 	RESTRICT Unless serving highly susceptible populations, then EXCLUDE	Return to work with medical documentation from a health practitioner stating that they have tested negative for, are free of, or are receiving antibiotics for <i>streptococcus pyogenes</i>
Jaundice 	EXCLUDE and call DCHD for guidance	Can return to work if jaundice is present for more than 7 days
Persistent coughing or sneezing 	RESTRICT	Can return to work once symptoms clear

RESTRICT means: The employee cannot work with food, food equipment, utensils, linens, or unwrapped single-service utensils.

EXCLUDE means: The employee cannot enter or work in a food establishment.

