



Food Employee Reporting Agreement **Preventing Disease Transmission through Food by Infected Food Employees**

The purpose of this interview is to inform food employees of their responsibilities to notify the person in charge when they experience any of the conditions listed below so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I agree to report to the person in charge:

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

1. **Diarrhea**
2. **Vomiting**
3. **Jaundice (yellowing of skin or eyes)**
4. **Sore throat with fever**
5. **Infected cuts, wounds, or lesions containing pus on hand, wrist, or other exposed body part**

Future Medical Diagnosis:

Whenever diagnosed as being ill with **Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. Infection), *Escherichia coli* 0157:H7 or other EHEC/STEC infection, or hepatitis A virus**

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, or hepatitis A
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, E. coli 0157:H7, 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 0157:H7, 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.

(Please Print)

Food Employee Name: _____ Signature _____ Date: _____

Person in Charge: : _____ Signature _____ Date: _____