

Food Employee Reporting Agreement

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed 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, While Either at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. 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 _____



Quick Reference Guide for Illness

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

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



Diarrhea



Vomiting



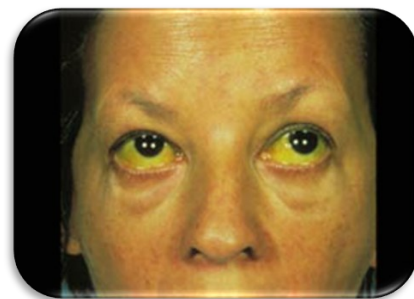
Fever with a Sore Throat



Infected or Open Wounds





Persistent Coughing and Sneezing



Jaundice (Condition that causes yellowing eyes, nails, and/or skin)

Food Handler Illness Reference Guide

<p>Vomiting</p> 	<p>EXCLUDE</p>	<p>Can return to work after being symptom free for 24 hours or medical documentation from a health practitioner that states symptom is from a noninfectious condition</p>
<p>Diarrhea</p> 	<p>EXCLUDE</p>	<p>Can return to work after being symptom free for 24 hours or medical documentation from a health practitioner that states symptom is from a noninfectious condition</p>
<p>Fever and Sore Throat*</p> 	<p>RESTRICT**</p>	<p>Can return to work if the person in charge receives 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></p>
<p>Jaundice</p> 	<p>EXCLUDE* Call TCHD for guidance</p>	<p>Can return to work if jaundice is present for more than 7 days *</p>
<p>Persistent Coughing or Sneezing</p> 	<p>RESTRICT</p>	<p>Can return to work once symptoms clear</p>

* Call TCHD for further guidance.

** If the facility serves highly susceptible populations,, then the staff must be excluded rather than restricted.

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

EXCLUDE: Preventing a person from entering or working in a food establishment.