

# Employee Health Agreement

The purpose of this agreement is to inform food employees and conditional 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, either while at work or outside of work, including the date of onset:

1. Vomiting
2. Diarrhea
3. Jaundice – yellowing of the skin or eyes
4. Sore throat with fever
5. A sore containing pus such as a boil or infected wound that is open or draining and is:
  - On the hands or wrists, unless an impermeable cover such as a finger cot protects the lesion and a single-use glove is worn over the impermeable cover;
  - On exposed portions of the arms, unless the lesion is protected by an impermeable cover; or
  - On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.

Any diagnosis of the following diseases:

- |  |                             |                            |
|--|-----------------------------|----------------------------|
| 1. <i>Campylobacter</i>  | 6. Giardia                  | 11. <i>Shigella</i>        |
| 2. Cryptosporidium   | 7. Hepatitis A              | 12. <i>Vibrio cholerae</i> |
| 3. Cyclospora  | 8. Norovirus                | 13. <i>Yersinia</i>        |
| 4. Entamoeba histolytica   | 9. <i>Salmonella spp.</i>   |                            |
| 5. Enterohemorrhagic or shiga toxin-producing<br><i>Escherichia coli</i> | 10. <i>Salmonella Typhi</i> |                            |

The following must also be reported:

1. Any previous illness, within the past three months due to Salmonella Typhi, without having received antibiotic therapy.
2. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, Enterohemorrhagic or shiga toxin-producing *E. coli*, *Shigella*, *Salmonella Typhi* or Hepatitis A.
3. A household member who has been diagnosed with Norovirus, Enterohemorrhagic or shiga toxin-producing *E. coli*, *Shigella*, *Salmonella Typhi* or Hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the food code 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.

Food / Conditional Employee Name (please print) \_\_\_\_\_

Signature of Food / Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or Representative \_\_\_\_\_ Date \_\_\_\_\_

10/23/18

