

# Food Employee Reporting Agreement

## Reporting: Symptoms of illness

I agree to report to the Person in Charge (PIC) when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

**Note: The PIC must report to the Health Department when an employee is jaundiced.**

## Reporting: Diagnosed Illnesses

I agree to report to the Person in Charge (PIC) when I have been diagnosed with:

1. Norovirus
2. Hepatitis A virus
3. *Shigella* spp. infection (shigellosis)
4. Shiga Toxin-Producing *Escherichia coli* (O157:H7 or other STEC infection)
5. Typhoid fever (caused by *Salmonella* Typhi)
6. *Salmonella* (nontyphoidal)

**Note: The PIC must report to the Health Department when an employee has one of these illnesses.**

## Reporting: Exposure of illness

I agree to report to the PIC when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, shigellosis, illness due to STEC, or Hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.

## Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

\*If you are excluded from work you are not allowed to come to work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

## Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until: 1) more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting, or 2) provide written medical documentation from a health practitioner indicating that the symptoms are from a noninfectious condition.

If you are excluded from work for exhibiting symptoms of Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp. infection, *E. coli* O157:H7 or other STEC infection, and/or Hepatitis A, you will not be able to return to work until approval from the Health Department is granted.

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.