

FOOD EMPLOYEE REPORTING AGREEMENT

This agreement informs conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed below. The person in charge can then take appropriate steps to preclude 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 parts; and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed with Norovirus, *Salmonella*, *Salmonella Typhi* (typhoid fever), *Shigella* spp. Infection (shigellosis), *Escherichia coli* (*E. Coli*) O157:H7 or other *E. coli* Enterohemorrhagic (EHEC)/ Shiga Toxin-Producing *E. coli* (STEC) infection, or hepatitis A virus infection.

Future Exposure to Foodborne Pathogens:

- 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.
- A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
- 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 Conditional or Food Employee: _____ Date: _____

Signature of Permit Holder or Representative: _____ Date: _____



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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)



ADAMS COUNTY
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FOOD HANDLER ILLNESS REFERENCE GUIDE



Diarrhea

EXCLUDE

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.



Vomiting

EXCLUDE

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.



Fever with a Sore Throat

RESTRICT**

Can return to work if the person in charge receives medical documentation from a health practitioner stating they have tested negative for, are free of, or are receiving antibiotics for Streptococcus pyogenes.



Persistent Coughing and Sneezing

RESTRICT

Can return to work once symptoms clear.



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

EXCLUDE*

Can return to work if jaundice is present for more than seven days.

*Call Adams County Health Department 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.

