

# 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 (PIC) 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.

(Norovirus, *Salmonella* Typhi, *Shigella* spp., Shiga toxin-producing *E. coli*, nontyphoidal *Salmonella* or Hepatitis A Virus)

## I AGREE TO REPORT TO THE PESON IN CHARGE ANY ONSET OF THE FOLLOWING:

### 1. SYMPTOMS:

- DIARRHEA
- VOMITING
- JAUNDICE
- SORE THROAT WITH FEVER
- 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 THAT ARE NOT PROPERLY COVERED (such as boils and infected wounds, however small)

### 2. FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with **Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp.), *E. coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A**

### 3. 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 STEC infection, or hepatitis A**
- **A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC infection, 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 STEC infection, or hepatitis A**

I have read (or had it 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, diagnosis, 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 Grundy County Health Department.**

Employee name: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner or PIC: \_\_\_\_\_ Date: \_\_\_\_\_