



EMPLOYEE HEALTH AGREEMENT

Reporting: Symptoms of Illnesses

I agree to report to the manager or person in charge when I have:

- Vomiting ● Diarrhea ● Jaundice ● Sore throat with a fever
- Open or draining lesions containing pus, such as a boil or infected wound

***With any of the above symptoms, the food employee shall be restricted from food handling duties until 24 hours after symptoms have ceased.**

Reporting: Diagnosed Illnesses

I agree to report to the manager or person in charge when I have been diagnosed with:

- Campylobacter ● Yersinia ● Salmonella Typhi ● Cryptosporidium ● Hepatitis A ●
- Cyclospora ● Norovirus ● Vibrio Cholerae ● Giardia ● Shigella ● Entamoeba histolytic ●
- Salmonella spp. ● E Coli Infection

***The manager or person in charge must report to the local Health Department when an employee has one of the confirmed illnesses listed above.**

***The employee shall be excluded from work until given approval to return by their physician and the local Health Department.**

Reporting: Exposure of Illness

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

1. Having been diagnosed with a foodborne illness due to Salmonella Typhi by a health care provider within the past three months.
2. Consuming or preparing food implicated in a confirmed outbreak.
3. Attending or working in a setting confirmed with a disease outbreak.
4. Living in the same household or having knowledge about an individual who works or has attended a setting where there is a confirmed disease outbreak.

Exclusion or Restriction from Work

If you are **excluded** from work, you are not permitted to come to work. If you are **restricted** from work, you are permitted to come to work; however, duties will be limited to tasks that do not include handling of food or food contact surfaces.

Agreement

I understand that I must report when I have been diagnosed or have been exposed to any of the symptoms or illnesses listed above and comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk

Food Employee Name (Please Print): _____

Signature of Employee & Date: _____