

Conditional Employee or Food 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 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. 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 (such as boils and infected wounds, however small).

(Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the manager or PIC that the condition is noninfectious.)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, Typhoid Fever (*Salmonella* Typhi), Shigellosis (*Shigella* spp. infection), Escherichia coli O157:H7 or other EHEC/STEC infection, or Hepatitis A (Hepatitis A Virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, Typhoid Fever (*Salmonella* Typhi), Shigellosis (*Shigella* spp. infection), Escherichia coli O157:H7 or other EHEC/STEC infection, or Hepatitis A (Hepatitis A Virus infection).
2. A household member diagnosed with Norovirus, Typhoid Fever (*Salmonella* Typhi), Shigellosis (*Shigella* spp. infection), Escherichia coli O157:H7 or other EHEC/STEC infection, or Hepatitis A (Hepatitis A Virus infection)
3. . household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, Typhoid Fever (*Salmonella* Typhi), Shigellosis (*Shigella* spp. infection), Escherichia coli O157:H7 or other EHEC/STEC infection, or Hepatitis A (Hepatitis A Virus infection).

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Missouri Food Code, Platte County Food Ordinance and this agreement to comply with:

1. Reporting requirements specified 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 or Food Employee Name (please print) _____

Signature of Conditional or Food Employee _____ Date _____

I as the manager, PIC, and/or Permit Holder Representative understand my responsibility to report to the Health Department when an employee has one of the above listed illnesses.

Name of Permit Holder or Representative _____

Signature of Permit Holder or Representative _____ Date _____