

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:

SYMPTOMS

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts, wounds or lesions containing pus on the hand, wrist, or an exposed body part or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

MEDICAL DIAGNOSIS

Whenever diagnosed as being ill with *Salmonella Typhi* (typhoid fever), *Shigella spp.* (shigellosis), *Escherichia coli* O157:H7, hepatitis A virus, Norovirus, *Entamoeba histolytica*, *Campylobacter spp.*, *Vibrio cholera spp.*, *Cryptosporidium parvum*, *Giardia lamblia*, Hemolytic Uremic Syndrome, *Salmonella spp.* (non-typhi), *Yersinia enterocolitica*, or *Cyclospora cayetanensis*.

HIGH-RISK CONDITIONS

1. Exposure to or suspicion of causing any confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 infection or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness STEC infection, or hepatitis A.
3. 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 explained to me) and understand the requirements concerning my responsibilities under **105 CMR 590/2013 Food Code** and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and exposure specified; work restriction or exclusions that are imposed upon me and 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.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____