**FORM Food Employee Reporting Agreement**

 **1-B**

Preventing Transmission of Diseases through Food by Infected Food

Employees with Emphasis on illness due to ***Salmonella* Typhi, *Shigella*** spp.,

Shiga toxin-producing ***Escherichia coli,*** and Hepatitis A Virus

***The purpose of this agreement is to ensure that Food Employees 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:**

***FUTURE SYMPTOMS and PUSTULAR LESIONS:***

1. **Diarrhea**
2. **Fever**
3. **Vomiting**
4. **Jaundice**
5. **Sore throat with fever**
6. **Lesions containing pus on the hand, wrist, or an exposed body part**

*(such as boils and infected wounds, however small)*

***FUTURE MEDICAL DIAGNOSIS:***

**Whenever diagnosed as being ill with typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella*** spp.), Shiga toxin-producing ***Escherichia coli* infection (*Escherichia coli* O157:H7), or hepatitis A** (hepatitis A virus)

***FUTURE HIGH-RISK CONDITIONS:***

**1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis,** Shiga toxin-producing *Escherichia coli* **infection, or hepatitis A**

**2. A household member diagnosed with typhoid fever, shigellosis, illness due to** Shiga toxin-producing *Escherichia coli,* **or hepatitis A**

**3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis,** Shiga toxin-producing *Escherichia coli* **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 high-risk conditions 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.

**Applicant or Food Employee Name (please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant or Food Employee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Permit Holder’s Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM Applicant and Food Employee Interview**

 **1-A**

Preventing Transmission of Diseases through Food by Infected Food

Employees with Emphasis on illness due to ***Salmonella* Typhi, *Shigella*** spp.,

Shiga toxin-producing ***Escherichia coli,*** and Hepatitis A Virus

***The purpose of this form is to ensure that Applicants to whom a conditional offer of employment has been made and Food employees advise the Person in Charge of past and current conditions described so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.***

Applicant or Employee name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Telephone**  *Daytime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***TODAY:***

**Are you suffering from any of the following:**

1. **Symptoms**

**Diarrhea? YES/NO**

**Fever? YES/NO**

**Vomiting? YES/NO**

**Jaundice? YES/NO**

**Sore throat with fever? YES/NO**

1. **Lesions containing pus on the hand, wrist or an exposed body part?**

(*such as boils and infected wounds, however small)* **YES/NO**

***PAST:***

**Have you ever been diagnosed as being ill with typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella*** spp,), Shiga toxin-producing ***Escherichia coli* infection (*E. coli* O157:H7),** or **hepatitis A** (hepatitis A virus)?

 **YES/NO**

**If you have, what was the date of the diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***HIGH-RISK CONDITIONS***

**1. Have you been exposed to or suspected of causing a confirmed outbreak of typhoid fever,**

**shigellosis,** Shiga toxin-producing ***Escherichia coli* infection, or hepatitis A? YES/NO**

**2. Do you live in the same household as a person diagnosed with typhoid fever, shigellosis,**

**hepatitis A, or illness due to** Shiga toxin-producing ***Escherichia coli?*  YES/NO**

**3. Do you have a household member attending or working in a setting where there is a**

**Confirmed outbreak of typhoid fever, shigellosis,** Shiga toxin-producing ***Escherichia coli***

**Infection, or hepatitis A? YES/NO**

**Name, Address and Telephone Number of your Doctor:**

***Name*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Address****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Telephone –*** *Daytime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature of Applicant or Food Employee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Permit Holder’s Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_