**EMPLOYEE HEALTH REPORTING AGREEMENT**

The purpose of this agreement is to inform employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

|  |
| --- |
| **Employees should self-monitor daily for these symptoms:** |
| 1. Diarrhea
2. Vomiting
3. Sore Throat with fever
4. Jaundice
5. 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 are not properly covered (such as boils and infected wounds, however small)

**Future Medical Diagnosis:**Whenever diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhil), shigellosis (Shigella spp. Infection), Escherichia coli 0157: H7 or other STEC infection, nontyphoidal Salmonella 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, shigellosis, E.coli 0157A:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, 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 0157:H7 or other STEC infection or hepatitis A.
 |

**I have read (or had explained to me) and understand the requirements concerning my responsibilities under the WI Food Code and this agreement to comply with:**

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed on 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.**

**Employee Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**Person in Charge Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**