

EMPLOYEE REPORTING AGREEMENT

As part of an Employee Health Policy this agreement is to inform 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 the appropriate steps to preclude the transmission of foodborne illness.

PRINTED NAME _____ I AGREE TO REPORT WITHIN 24 HOURS TO THE PERSON IN CHARGE

1. Any onset of the following symptoms, either while at work or outside of work, including the date the symptoms began.
 - a. **Vomiting**
 - b. **Diarrhea**
 - c. **Jaundice**
 - d. **Sore throat with fever**
 - e. **Infected cuts or wounds, or lesions containing pus** on the hand, wrist, or forearm, or other body part unless the cut, wound or lesion is covered by a durable tight-fitting bandage.
2. Any future medical diagnosis – Whenever diagnosed as being ill with:
 - a. **Norovirus**
 - b. **Salmonella Typhi or nontyphoidal Salmonella**
 - c. **Shigella**
 - d. **Shiga toxin-producing Escherichia coli**
 - e. **Hepatitis A**
3. Past medical diagnosis – Has been diagnosed with **Salmonella Typhi** within the last three months.
4. Any future exposure to Foodborne pathogens
 - a. Exposure to or suspicion of causing any confirmed disease outbreak of:
 - b. A household member diagnosed with:
 - c. A household member attending or working in a setting experiencing a confirmed outbreak of:
 - i. **Norovirus**
 - ii. **Salmonella Typhi**
 - iii. **Escherichia coli 0157:H7** or other EHEC/STEC infection
 - iv. **Hepatitis A**

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

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure;
2. Work restrictions and exclusions that are imposed upon me; and
3. Good hygiene 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.

Employee Signature _____ Date _____

Permit Holder/Person in Charge Signature _____