



# Florence County Health Department

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## EMPLOYEE REPORTING AGREEMENT

### PREVENTING THE TRANSMISSION OF DISEASES THROUGH FOOD BY INFECTED EMPLOYEES

It is recommended that this document be used as an agreement between employees and management to help ensure that food employees notify the Person in Charge when they experience any of the symptoms listed below. The Person in Charge will then take appropriate steps to prevent the transmission of foodborne illness. The use of this document should help demonstrate to the regulatory authority that there is an Employee Health Program in place.

#### I AGREE TO IMMEDIATELY REPORT TO THE PERSON IN CHARGE:

#### Any onset of the following symptoms, while either at work or outside of work, including the date of onset of:

- Vomiting
- Diarrhea
- Jaundice (yellowing of eyes and skin)
- Sore throat with fever
- 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, however small

#### Any professional medical diagnosis of myself or any household members or possible exposure:

- Norovirus
- Shiga toxin-producing E. coli
- *Salmonella* (nontyphoidal)
- Any other pathogen that can be transmitted through food such as: *Entamoeba histolytica*; *Campylobacter* spp.; *Cryptosporidium* spp.; *Giardia* spp.; *Yersinia enterocolitica*; *Staphylococcus aureus*; *Listeria monocytogenes*.
- Shigellosis (*shigella* spp.)
- Hepatitis A virus
- Typhoid fever (caused by *Salmonella Typhi*)

I have read (or have had explained to me) and understand the requirements concerning my responsibilities under the Wisconsin Food Code, ATCP 75 Appendix 2-201.11 and agree to comply with the following:

1. Report any symptoms, diagnoses and the high-risk conditions involving those specified above.
2. Work restrictions or exclusions that are imposed upon returning 24 hours after symptoms (including vomiting and diarrhea) subside or with doctors' approval and
3. Maintaining good personal hygienic practices.

I understand that I have a responsibility to follow each step listed above and that these safety procedures are in place to protect me, other employees, and our guests as well as our food facility.

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

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

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

**Signature of Permit Holder's Representative or Person in Charge** \_\_\_\_\_ **Date** \_\_\_\_\_