



DATE: \_\_\_\_\_

*Disclaimer: This example Foodborne Illness Reporting Policy is provided by the Cape Girardeau County Public Health Center as a resource only. Food establishments are responsible for developing their own employee health policies that comply with applicable state and local food codes, employment laws, and company procedures. Operators of food establishments should review this example policy with their legal advisors before implementation. The Cape Girardeau County Public Health Center assumes no liability for the use or interpretation of this example policy.*

**Conditional Employee or Food Employee Reporting Agreement**

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi and Nontyphoidal Salmonella, Shigella spp., Enterohemorrhagic (EHEC) or Shiga Toxin-producing Escherichia coli (STEC), or Hepatitis A Virus.

*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, While Either at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
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 Typhi), Nontyphoidal Salmonella, shigellosis (Shigella spp. infection), Escherichia coli O157:H7 or other EHEC/STEC infection, 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 O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/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 O157:H7 or other EHEC/STEC infection, or Hepatitis A.

**I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Missouri 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 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.

EMPLOYEE SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

