

## Form 2: Foodservice Employee Reporting Agreement

The purpose of this agreement is to inform foodservice employees of their responsibility to notify the manager when they experience any of the conditions listed, so the manager can take appropriate steps to prevent the transmission of foodborne illness.

**I agree to report to the manager in charge date of onset of the following symptoms, while either at work or off work:**

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 Diagnosis and Exposure to Foodborne Pathogens:

1. *E. coli*/STEC, Hepatitis A virus, Norovirus, *Salmonella*, and *Shigella*
2. Exposure to confirmed disease outbreak of *E. coli*/STEC, Hepatitis A virus, Norovirus, *Salmonella*, and *Shigella*.
3. A household member diagnosed with *E. coli*/STEC, Hepatitis A virus, Norovirus, *Salmonella*, and *Shigella*.
4. To a household member who attends or works in a setting experiencing a confirmed disease outbreak of *E. coli*/STEC, Hepatitis A virus, Norovirus, *Salmonella*, and *Shigella*.

I have read or it has been explained to me and I understand the requirements concerning my responsibilities as a foodservice employee and agree to:

1. Report requirements specified above involving Big 5 disease symptoms, diagnoses, and exposures
2. Work restrictions or exclusions
3. Practice good handwashing

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.

	Date
Signature of Conditional Employee:	
Signature of Foodservice employee:	
Signature of Permit Holder or Representative:	

