Please put the name of your facility here

**Food Employee Reporting Agreement**

Preventing Transmission of Diseases through Food

By Infected Food Employees

***The purpose of this agreement is to inform Food Employees of their responsibility to notify the Person in Charge when they experience any of the conditions listed. The Person in Charge shall report any of the following medical diagnoses to the regulatory authority.***

**I, the FOOD EMPLOYEE, agree to report to the PERSON IN CHARGE:**

**ANY OF THE FOLLOWING *SYMPTOMS* WHILE EITHER AT WORK OR OUTSIDE OF WORK, INCLUDING DATE OF ONSET:**

 1. Diarrhea

2. Vomiting

3. Jaundice

4. Sore throat with fever

5. Lesions containing pus on the hand, wrist, or an exposed body part not properly covered (such as boils

 and infected cuts, wounds, or lesions, however small)

**FUTURE *MEDICAL DIAGNOSIS***:

Whenever diagnosed as being ill with Norovirus, typoid fever (*Salmonella* Typhi), salmonellosis (*Salmonella* spp. infection), shigellosis (*Shigella* spp. infection), shiga toxin-producing *Escherichia coli* (*E. coli* O157:H7 or other 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, salmonellosis, shigellosis, STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, salmonellosis, shigellosis, STEC infection, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, salmonellosis, shigellosis, STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the North Dakota Food Code 33-33-04, Section 28and 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 this food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

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

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

**Signature of Permit Holder's Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_**