

## **Temporary Foodborne Disease Reporting Agreement**

Facility Name:	
Date:	
conditional (new hire) food employees and charge information about their health as it re	(The Ohio Uniform Food Safety Code) requires all current food employees to report to the person in elates to diseases that are transmissible through ent the likelihood of foodborne illness transmission.
<ol> <li>Food employees agree to report t following symptoms:</li> </ol>	o the Person in Charge (PIC) when experiencing the
Diarrhea	Fever
Vomiting	Jaundice
Sore Throat with Fever	Open, draining lesions containing pus
· ·	food handling duties with the above symptoms until ork in limited capacities that do not involve handling

2. Food employees are not permitted to work when diagnosed with any of the following foodborne diseases and the local health department must be notified:

Campylobacter Cryptosporidium Salmonella Typhi

Cyclospora Entamoeba histolytica Shigella spp

Giardia Hepatitis A Vibrio cholerae

Norovirus Salmonella spp Yersinia

Shiga toxin-producing Escherichia coli (STEC)

<sup>\*</sup> PIC must report to the local health department when an employee has one of the illness listed above.

<sup>\*\*</sup> The employee **shall be excluded** from work until approved to return by the local health department.

- 3. Food employees agree to report to the PIC when exposed to the above by previously being diagnosed or exposed to a person with a confirmed illness, or preparing or consuming food implicated in a confirmed outbreak within the following timelines:
  - Norovirus within the past 48 hours of the last exposure
  - Shiga toxin-producing Escherichia coli (STEC) within the past 10 days of last exposure
  - Shigella spp. within the past 4 days of the last exposure
  - Salmonella Typhi within the past 14 days of the last exposure
  - Hepatitis A virus within the past 50 days of the last exposure

I agree to report to the "Person in Charge" any time I am experiencing any of the above symptoms or diseases listed above. I agree to comply with work restrictions given to me. I understand that failure to do so may put my job and the public at risk.

ood Employee Name Please print)	Signature of Food Employee	Date
re of Person in Charg	۵۰.	