

# Food Employee Reporting Agreement

## Preventing Transmission of Diseases through Food by Infected Food Employees

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment 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:

#### **A. SYMPTOMS OF:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

#### **B. MEDICAL DIAGNOSIS OF BEING ILL WITH:**

Norovirus, shiga toxin-producing *E. Coli*, *S. typhi* (typhoid fever), *Shigella* spp., non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000. Contact the Food Protection Program at 617-983-6712 or The Epidemiology Program at 617-983-6800 for additional information.

#### **C. PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:**

Have you ever been diagnosed as being ill with one of the diseases listed above? ☐ Yes ☐ No

If yes, what was the date of the diagnosis? \_\_\_\_\_

#### **D. HIGH-RISK CONDITIONS**

- Exposure to or suspicion of causing any confirmed outbreak of the diseases listed under Part B above.
- A household member has been diagnosed with diseases listed in Part B above.
- A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under 105 CMR 590 & 2013 Food Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

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.

Name of Food Employee or Conditional Food Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Food Employee: \_\_\_\_\_

Signature of Permit Holder or Representative: \_\_\_\_\_ Date: \_\_\_\_\_