



# KENT CITY HEALTH DEPARTMENT

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## **FOOD EMPLOYEE ILLNESS REPORTING AGREEMENT**

The purpose of this agreement is to ensure that food service employees notify the person in charge when they experience any of the following health conditions. The person in charge should then take appropriate steps to prevent the transmission of foodborne illness.

**I agree to report to the person in charge if I ever have any of the following:**

**1) Symptoms of:**

- a. Diarrhea
- b. Vomiting
- c. Jaundice
- d. Sore throat with fever
- e. Lesions containing pus on the hand, wrist, or any exposed body part, such as boils and infected wounds, no matter how small they are

**2) Have an illness diagnosed by a health care provider due to:**

- a. Campylobacter;
- b. Cryptosporidium;
- c. Cyclospora;
- d. Entamoeba histolytica;
- e. Enterohemorrhagic or Shiga Toxin-producing Escherichia Coli;
- f. Giardia;
- g. Hepatitis A virus;
- h. Norovirus
- i. Salmonella spp.;
- j. Salmonella Typhi - Typhoid Fever
- k. Shigella – Shigellosis
- l. Vibrio cholera
- m. Yersinia

**3) Had a previous illness, diagnosed by a health care provider, within the past three months due to Salmonella Typhi, without receiving antibiotic therapy, as determined by the health care provider**

**4) Had been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is ill with:**

- a. Norovirus within the past 48 hours of last exposure;
- b. Enterohemorrhagic or Shiga Toxin-producing Escherichia Coli, or Shigella spp. within the past 3 days of last exposure;
- c. Salmonella Typhi within the past fourteen days of the last exposure;
- d. Hepatitis A virus within the past thirty days of the last exposure; or

**5) Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:**

- a. Norovirus within the past forty-eight hours of the last exposure;
- b. Enterohemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. within the past three days of the last exposure;
- c. Salmonella Typhi within the past fourteen days of the last exposure; or Hepatitis A virus within the past thirty days of the last exposure.

**I have read or had explained to me and understand my responsibility to comply with:**

1. Reporting any of the above conditions, symptoms, or medical diagnoses.
2. Work restrictions or exclusions which may be imposed upon me to prevent the transmission of foodborne illness.
3. Good hygienic practices (e.g. washing hands after using the restroom; upon re-entering the kitchen; whenever touching face, hair, etc.; and whenever hands may be contaminated; proper use of gloves when handling ready-to-eat foods).

**I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or by Kent Health Department. (Please print)**

**Applicant or Food Employee Name** \_\_\_\_\_

**Facility Name and Address** \_\_\_\_\_

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

**Signature of Manager or Owner** \_\_\_\_\_ **Date** \_\_\_\_\_