

Conditional Employee or Food Employee Reporting Agreement

Preventing infected employees from spreading these diseases through food: Norovirus, *Salmonella typhi*, non-typhoidal *Salmonella*, *Shigella* spp., enterohemorrhagic *E. coli* (EHEC), Shiga toxin-producing *E. coli* (STEC), or hepatitis A virus.

This agreement says that conditional and food employees must tell the person in charge when they have any of the conditions listed so the person in charge can take steps to prevent illness from spreading through food.

Conditional employees are persons offered food jobs on the condition that they answer questions or have a medical exam to find out if they may have a disease that can be spread through food.

I agree to report to the person in charge:

1. Any onset of these symptoms at work or outside work, with the date symptoms began:

- Diarrhea
- Vomiting
- Jaundice (yellow skin or eye white)
- Sore throat with fever
- Infected cut, wound, or lesion with pus (such as a boil) not properly covered on the hand, wrist, or other body part, no matter how small

2. Any medical diagnosis of:

- Norovirus
- Typhoid fever (*Salmonella typhi* infection)
- Non-typhoidal *Salmonella*
- Shigellosis (*Shigella* spp. infection)
- *Escherichia Coli* infection
- Hepatitis A virus infection

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Conditional Employee or Food Employee Reporting Agreement (*continued*)

3. Any exposure to foodborne pathogens:

- Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, non-typhoidal Salmonella, shigellosis, *E. coli* infection, or hepatitis A.
- A household member diagnosed with an illness listed above.
- A household member attending or working in a setting that is experiencing a confirmed disease outbreak of an illness listed above.

I have read, or had explained to me, and understand that under the Rhode Island Food Code and this agreement I must:

- Report specific symptoms, diagnoses, and exposure as agreed
- Obey work restrictions or exclusions when given them
- Practice good hygiene

I understand that if I do not comply with this agreement I could lose my job, have legal action taken against me, or both.

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| Employee name (please print) | |
| ▶ | |
| Employee signature | Date |
| ▶ | |
| Permit holder or representative signature | Date |
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