Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees

The purpose of this agreement is to ensure that Food Employees and Conditional Employees 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:

diarrhea, vomiting, jaundice, sore throat with fever, and 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:

Signature of Permit Holder or Representative_

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

Signature of Above-named Individual	Date
Food Employee or Conditional Food Employee Name (P	lease Print)
I understand that failure to comply with the terms of this agreestablishment or the food regulatory authority that may jeop action against me.	
I have read (or had explained to me) and understand the required 105 CMR 590/2013 Food Code and this agreement to specified above involving symptoms, diagnoses, and high-right that should I experience one of the above symptoms or high with one of the above illnesses, I may be asked to change may symptoms or illnesses have resolved.	comply with the reporting requirements sk conditions specified. I also understand risk conditions, or should I be diagnosed
 D. HIGH-RISK CONDITIONS: Exposure to or suspicion of causing any confirmed ounder Part B above. A household member has been diagnosed with disease A household member attending or working in a settioutbreak of one of the diseases listed in part B above 	ases listed in Part B above. ing experiencing a confirmed
C. PAST MEDICAL DIAGNOSIS OF DISEASES LIST Have you ever been diagnosed as being ill with one of the diagnosis? P. HIGH DISK CONDITIONS	iseases listed above?
300.000. Contact the Food Protection Program at 617-983-983-6800 for additional information.	5712 or The Epidemiology Program at 617-

This is a model form created by MA Department of Public Health which is offered as a tool for industry to use to aid in compliance with 105 CMR 590.002(E) and the Federal Food Code 2-201.11. The use of this form is voluntary and is not required by state regulation. Revised: October, 2018

Date