

# EMPLOYEE ILLNESS REPORTING AGREEMENT

## **I AGREE TO REPORT TO THE PERSON IN CHARGE:**

**Any of the following symptoms, either while at work or outside of work:**

1. Diarrhea
2. Vomiting
3. Sore Throat with Fever
4. Jaundice
5. Lesions containing pus on the hand, wrist, fingers, or any exposed body part (such as boils and infected cuts or wounds, however small).
6. has been exposed to, or is the suspected source of, a probable or confirmed disease outbreak within the last 30 days.

## **Or if I have received a MEDICAL DIAGNOSIS of:**

Whenever diagnosed as being ill with Norovirus, Salmonella, Shigellosis, Shiga Toxin-producing E Coli, or other enteric bacterial pathogen capable of being transmitted by food, viral or parasitic pathogens, or the Hepatitis A virus.

## **I have read (or had explained to me) and understand the requirements concerning my responsibilities under MN Rules Chapter 4626. 0055 2-201.14 and this agreement to comply with:**

1. Reporting requirements specified above involving symptoms and diagnoses listed above;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

**I understand that failure to comply with the terms of this agreement could lead to actions by this food establishment or by the food regulatory authority that may jeopardize my employment.**

**Applicant of Food Employee Name** \_\_\_\_\_

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

**Signature of Person In Charge, Manager or License Holder**

\_\_\_\_\_ **DATE** \_\_\_\_\_