

Wisconsin Food Code Fact Sheet #19 Supplement

**Food Employee Reporting Agreement**

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on illness due to **Salmonella Typhi**, **Shigella** spp., **Escherichia coli** O157:H7, and Hepatitis A Virus

***It is recommended that this document be used as an agreement between employees and management to help ensure that Food Employees notify the Person in Charge when they experience any of the symptoms listed below. The Person in Charge will then take appropriate steps to prevent the transmission of foodborne illness. The use of this document should help demonstrate to the regulatory authority that there is an Employee Health Program in place.***

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

**FUTURE SYMPTOMS and PUSTULAR LESIONS:**

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

**FUTURE MEDICAL DIAGNOSIS:**

**Whenever diagnosed as being ill with typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 infection (E. coli O157:H7), or hepatitis A (hepatitis A virus) or Any other pathogen that can be transmitted through food such as: *Salmonella* spp. (non-typhoid); *Entamoeba histolytica*, *Campylobacter* spp.; *Calicivirus*; *Cryptosporidium* spp.; *Giardia* spp.; *Yersinia* spp.; *Staphylococcus aureus*; or *Listeria monocytogenes*.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified;
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 action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

**Applicant or Food Employee Name (please print)**

\_\_\_\_\_

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

**Signature of Permit Holder's Representative** \_\_\_\_\_ **Date** \_\_\_\_\_