

FOOD EMPLOYEE REPORTING AGREEMENT

The purpose of this agreement is to inform conditional employees or Food Employees of their responsibility to 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 or severe respiratory illness such as COVID-19.

I AGREE TO REPORT TO THE PERSON IN CHARGE any onset of the following symptoms, either while at work or outside of work, including the date of onset:

SYMPTOMS:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever (or fever, with coughing and/or shortness of breath)
5. Infected cuts, wounds or lesions containing pus on the hand, wrist, or an exposed body part or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

MEDICAL DIAGNOSIS of BEING ILL WITH:

Whenever diagnosed as being ill with COVID-19, Norovirus, shiga toxin-producing E. coli, *Salmonella* 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 300.000.

PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:

Have you ever been diagnosed as being ill with one of the diseases listed above? _____
If you have, what was the date of the diagnosis?

HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of the diseases listed above.
2. A household member has been diagnosed with the diseases listed above
3. A household member attending or working in a setting experiencing a confirmed outbreak of the diseases listed above.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under **105 CMR 590/2013 Food Code** and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

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.

Employee Signature _____	
Print Name _____	Date ____/____/____
Supervisor Signature _____	
Print Name _____	Date ____/____/____