



KENT CITY HEALTH DEPARTMENT

201-G E. ERIE ST., KENT OH 44240 (330) 678-8109 FAX (330) 678-2082

FOOD EMPLOYEE ILLNESS REPORTING AGREEMENT

The purpose of this agreement is to ensure that food service employees notify the person in charge when they experience any of the following health conditions. The person in charge should then take appropriate steps to prevent the transmission of foodborne illness.

I agree to report to the person in charge if I ever have any of the following:

1) Symptoms of:

OAC 3717-1

- a. Diarrhea
- b. Vomiting
- c. Jaundice
- d. Sore throat with fever
- e. Lesions containing pus on the hand, wrist, or any exposed body part, such as boils and infected wounds, no matter how small they are
 - i. On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover;
 - ii. On exposed portions of the arms, unless the lesion is protected by an impermeable cover; or
 - iii. On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.

COVID-19

- a. Cough
- b. Shortness of breath or difficulty breathing

And two of the following

- c. Fever
- d. Muscle pain
- e. Sore throat
- f. New loss of taste or smell
- g. Repeated shaking with chills
- h. Chills
- i. Headaches

2) Have an illness diagnosed by a health care provider due to:

- a. Campylobacter;
- b. Cryptosporidium;
- c. Cyclospora;
- d. Entamoeba histolytica;
- e. Shiga Toxin-producing Escherichia Coli;
- f. Giardia;
- g. Hepatitis A virus;
- h. Norovirus
- i. Salmonella spp.;
- j. Salmonella Typhi - Typhoid Fever
- k. Shigella spp.- Shigellosis
- l. Vibrio cholera
- m. Yersinia

3) Had a previous illness, diagnosed by a health care provider, within the past three months due to Salmonella Typhi, without receiving antibiotic therapy, as determined by the health care provider

4) Had been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is ill with:

- a. Norovirus within the past forty-eight hours of last exposure;
- b. Shiga Toxin producing Escherichia coli, within the past ten days of last exposure;
- c. Shigella spp. within the past four days of last exposure;
- d. Salmonella Typhi within the past fourteen days of the last exposure;
- e. Hepatitis A virus within the past fifty days of the last exposure; or

5) Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

- a. Norovirus within the past forty-eight hours of last exposure;
- b. Shiga Toxin producing Escherichia coli, within the past ten days of last exposure;
- c. Shigella spp. within the past four days of last exposure;
- d. Salmonella Typhi within the past fourteen days of the last exposure;
- e. Hepatitis A virus within the past fifty days of the last exposure

I have read or had explained to me and understand my responsibility to comply with:

1. Reporting any of the above conditions, symptoms, or medical diagnoses.
2. Work restrictions or exclusions which may be imposed upon me to prevent the transmission of foodborne illness.
3. Good hygienic practices (e.g. washing hands after using the restroom; upon re-entering the kitchen; whenever touching face, hair, etc.; and whenever hands may be contaminated; proper use of gloves when handling ready-to-eat foods).

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or by Kent City Health Department. (Please print)

Facility Name and Address _____

1. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

2. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

3. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

4. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

5. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

6. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

7. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

8. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

9. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

10. Applicant or Food Employee Name _____

Signature of Applicant or Food Employee _____ **Date** _____

As the Person In Charge, the food employees and conditional employees recorded on this document were informed in a verifiable manner of their responsibility to report to the person in charge information about their health as it relates to diseases that are transmissible through food.

Person In Charge Name _____

Person In Charge Signature _____ **Date** _____