



Lexington-Fayette County Health Department

Environmental Health
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Employee Health Reporting Agreement

The purpose of this agreement is to educate food service 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.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, While Either at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts, wounds, or lesions containing pus on the hand, wrist, 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)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp., Shiga Toxin-producing *Escherichia coli*, or Hepatitis A virus.

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing a confirmed disease outbreak of Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp., Shiga Toxin-producing *Escherichia coli*, or Hepatitis A virus.
2. A household member diagnosed with Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp., Shiga Toxin-producing *Escherichia coli*, or Hepatitis A virus.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp., Shiga Toxin-producing *Escherichia coli*, or Hepatitis A virus.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the 2013 Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure 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 involve legal action against me.

Employee Name (please print) _____ Date _____

Signature of Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____