



Serving Valley, Elmore, Boise and Ada Counties

Boise Office: 707 N. Armstrong Place  
327-7499 Boise ID 83704

Mc Call Office: 703 N. 1<sup>st</sup> Street  
634-7194 Mc Call ID 83638

Mountain Home Office: 520 E 8<sup>th</sup> North  
587-9225 Mountain Home ID 83647

### **Food Employee Illness and Lesion Reporting Agreement**

*Preventing transmission of diseases through food by infected food employees with emphasis on illness due to *Salmonella typhi*, *Shigella spp.*, Shiga toxin-producing *Escherichia coli*, hepatitis A virus or Norovirus*

**The purpose of the agreement is to ensure that Food Employees 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 ANY OF THE FOLLOWING TO THE PERSON IN CHARGE:**

#### **Future Symptoms and Pustular Lesions:**

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesion 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.*), Shiga toxin-producing *Escherichia coli* infection (*Escherichia coli* 157:H7), hepatitis A (hepatitis A virus) or Norovirus.

#### **Future High-Risk Conditions:**

1. Exposure to or suspicious of causing any confirmed outbreak of typhoid fever, shigellosis, Shiga toxin-producing *Escherichia coli* infection, or hepatitis A or Norovirus.
2. A household member diagnosed with typhoid fever, shigellosis, illness due to Shiga toxin-producing *Escherichia coli*, hepatitis A or Norovirus.
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, Shiga toxin-producing *Escherichia coli* infection, hepatitis A or Norovirus.

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 \_\_\_\_\_

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