Conditional/Food Employee Reporting Agreement

I Agree to Report to My Supervisor:

If I develop any of these symptoms I will inform my supervisor:
- Vomit
- Diarrhea
- Jaundice
- Sore throat with fever
- Lesions containing pus [i.e. boil or infected wound] that is open and draining on hands, wrists, exposed portions of arm, or any other exposed lesion on the body

OAC 3717-1-02.1(A)(1)

If I am diagnosed or exposed to any of these illnesses I will inform my supervisor:
- Campylobacter
- Cryptosporidium
- Cyclospora
- Entamoeba histolytica
- Enterohemorrhagic or shiga toxin-producing Escherichia coli
- Giardia
- Hepatitis A
- Norovirus
- Salmonella spp.
- Salmonella Typhi
- Shigella
- Vibrio cholera
- Yersinia

OAC 3717-1-02.1(A)(2-5)

I understand my supervisor will tell Allen County Public Health Environmental Division if I become sick with any of illnesses listed below.

OAC-3717-1-02.1(B)

I may not return back to work until I comply with The Infectious Disease Prevention and Control Rule OAC 3701-3-13

1. **Campylobacteriosis**: after diarrhea has ceased AND 48 hour of antimicrobial therapy OR 2 negative stool samples
2. **Cryptosporidiosis**: after diarrhea has ceased AND 3 negative stool samples
3. **Cyclosporiasis**: after diarrhea has ceased AND antimicrobial therapy has begun
4. **Amebiasis**: after diarrhea has ceased AND 3 negative stool samples
5. **Enterohemorrhagic or Shiga-toxin production E. Coli**: after diarrhea has ceased AND 2 negative stool samples
6. **Giardiasis**: after diarrhea has ceased AND 72 hours after antimicrobial therapy OR 3 negative stool samples
7. **Hepatitis A**: 10 days after initial onset of symptoms
8. **Salmonellosis**: after diarrhea has ceased AND 2 negative stool samples
9. **Typhoid Fever**: after asymptomatic AND 3 negative stool samples
10. **Norovirus**: within the past 48 hours of the last exposure
11. **Shigellosis**: if diarrhea has ceased AND 2 negative stool samples
12. **Cholera**: after diarrhea has ceased AND 2 negative stool samples
13. **Yersinosis**: after diarrhea has ceased AND 2 negative stool samples

This reporting agreement will serve as proof that I understand my duty of when to inform my supervisor about the diseases or symptoms listed above. I understand if I develop any of the symptoms or diseases listed I must tell my supervisor. I also understand if I become sick with any of these symptoms or diseases, I may become RESTRICTED or EXCLUDED from working with food by my supervisor. If I do not follow this agreement I could be placing my job at risk. Additionally, legal action against me can occur. I understand this agreement is an important step in preventing a foodborne illness in the public.

OAC 3717-1-2.4(C) (14), OAC 3717-1-02.1(D)

Employee Printed Name_______________________________ Employee Signature_________________________ Date____________

Manager Printed Name________________________________ Manager Signature__________________________ Date____________

www.allencountypublichealth.org
219 E. Market Street, P.O. Box 1503, Lima, Ohio 45802-1503 | Phone: 419-228-4457 | Fax: 419-224-4161