

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:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Campylobacter¹ • Cryptosporidium² • Cyclospora³ • Entamoeba histolytica⁴ • Enterhemorrhagic or shiga toxin-producing Escherichia coli⁵ • Giardia⁶ • Hepatitis A⁷ | <ul style="list-style-type: none"> • Norovirus⁸ • Salmonella spp.⁹ • Salmonella Typhi¹⁰ • Shigella¹¹ • Vibrio cholera¹² • Yersinia¹³ |
|---|--|
- 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 above¹. 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 supervisor². 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)¹, OAC 3717-1-02.1(D)²

Employee Printed Name _____ Employee Signature _____ Date _____
 Manager Printed Name _____ Manager Signature _____ Date _____



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