

# Food Employee Health Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees

Ohio Uniform Food Safety Code (OAC 3717-1-02.1) requires all conditional (new hire) and current food employees to report to the person in charge (PIC) information about their health as it relates to diseases that are transmissible through food. This information is necessary to prevent the likelihood of foodborne illness transmission.

**1. Food employees agree to report to the PIC when experiencing the following symptoms:**

- Diarrhea
- Vomiting
- Jaundice (yellowing of the skin or eyes)
- Sore throat with fever
- Open or draining lesions containing pus

**\* Food employees shall be restricted from food handling duties with the above symptoms but may work in limited capacities that do not involve handling food.**

**2. Food employees are not permitted to work when diagnosed with any of the following foodborne illnesses and the local health department must be notified:**

- Campylobacter
- Cryptosporidium
- Salmonella Typhi
- Cyclospora
- Entamoeba histolytica
- Shigella spp.
- Giardia
- Hepatitis A
- Vibrio cholerae
- Norovirus
- Salmonella (nontyphoidal)
- Yersinia
- Shiga toxin-producing Escherichia coli (STEC)

**\* PIC must report to the local health department when an employee has any of the illnesses listed above.**

**\* Food employees shall be excluded from work until approved to return by a health care provider or by approval of the local health department.**

**3. Food employees agree to report to the PIC when exposed to or is the suspected source of a confirmed outbreak, attends or works in a setting of a confirmed outbreak, lives in the same household with a person diagnosed with a foodborne illness or who attends or works in a setting of a confirmed outbreak within the following timelines:**

- **Norovirus** within the past forty-eight (48) hours of the last exposure;
- **Shiga toxin-producing Escherichia coli (STEC)** within the past ten (10) days of last exposure;
- **Shigella spp.** within the past four (4) days of the last exposure;
- **Salmonella Typhi** within the past fourteen (14) days of the last exposure;
- **Hepatitis A** within the past fifty (50) days of the last exposure.

I agree to report to the “Person in Charge” if I experience any of the above symptoms or am diagnosed with any of the above listed illnesses. I agree to comply with work restrictions or exclusions required of me. I have read and understand the above foodborne illness reporting agreement.

Food Employee Name (please print): \_\_\_\_\_

Signature of Food Employee: \_\_\_\_\_

Date: \_\_\_\_\_



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