



Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

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Food Employee Reporting Agreement Preventing Transmission of Diseases through Food by Infected Food Employees

The purpose of this agreement is to inform Food Employees of their responsibility to notify the Person in Charge when they experience any of the conditions listed. The Person in Charge shall report any of the following medical diagnoses to the regulatory authority.

I, the FOOD EMPLOYEE, agree to report to the PERSON IN CHARGE any 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. Lesions containing pus on the hand, wrist, or an exposed body part not properly covered (such as boils and infected cuts, wounds, or lesions, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), salmonellosis (*Salmonella* spp. infection), shigellosis (*Shigella* spp. infection), shiga toxin-producing *Escherichia coli* (*E. coli* 0157:H7 or other STEC infection), or hepatitis A (hepatitis A virus infection).

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, salmonellosis, shigellosis, STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, salmonellosis, shigellosis, STEC infection, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, salmonellosis, shigellosis, STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under Section 33-33-04.1 of the North Dakota Food Code and this Agreement and 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.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ **Date** _____

Signature of Permit Holder's Representative _____ **Date** _____