

School Food Service Employee Reporting Agreement

Preventing Transmission of Diseases through Food

By

Infected Food Service Employees

The Wisconsin Department of Health and Family Services recommends that this document be used as an agreement between the employees and management to help ensure that employees who hand food notify the person in charge of school food service when they experience any of the symptoms listed below. The person in charge will take appropriate steps to prevent the transmission of foodborne illness. The use of this document will demonstrate to the environmental health specialist who conducts food safety inspections that there is an Employee Health Program in place.

I AGREE TO IMMEDIATELY REPORT TO THE PERSON IN CHARGE:

SYMPTOMS AND PUSTULAR LESIONS:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)

MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with Salmonellosis (*Salmonella* spp.), Shigellosis (*Shigella* spp.), Shiga toxin-producing *E. coli*, Hepatitis A (hepatitis A virus) or any other pathogen that can be transmitted through food such as: *Entamoeba histolytica*; *Campylobacter* spp; Norovirus; *Cryptosporidium* spp.; *Giardia* spp.; *Yersinia enterocolitica*; *Staphylococcus aureus*; or *Listeria monocytogenes*.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Wisconsin **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 my employer or the regulatory authority that issues license/conducts inspections that may jeopardize my employment and may involve legal action against me.

Food Service Employee Name (*please print*) _____

Signature of Food Service Employee _____ Date _____

Signature of Supervisor _____ Date _____

Based on form developed by WI Dept of Health Services for licensed restaurants - March 2006