

Foodborne Disease Reporting Agreement

Name: _____

Date: _____

Conditional (New Hire) _____ Current Employee _____

The Ohio Administrative Code 3717-1-02.1 (The Ohio Uniform Food Safety Code) requires all conditional (new hire) food employees and current food employees to report to the person in charge 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. Please indicate whether you currently have symptoms caused by illness, infection or other sources that are associated with gastrointestinal illness, such as:

			If YES, Indicate Date of Onset
Diarrhea	Y	N	_____
Fever	Y	N	_____
Vomiting	Y	N	_____
Jaundice	Y	N	_____
Sore Throat with Fever	Y	N	_____

2. Please indicate whether you have a lesion containing pus, such as a boil or infected wound, that is open or draining and is located on the:

Hands	Y	N
Arms	Y	N
Wrists	Y	N
Other Body Parts	Y	N

3. Please indicate whether you have been diagnosed with any of the following foodborne diseases; and if so, indicate the date of onset:

			If YES, Indicate Date of Onset
Campylobacter	Y	N	_____
Cryptosporidium	Y	N	_____
Cyclospora	Y	N	_____
Entamoeba histolytica	Y	N	_____
Giardia	Y	N	_____
Hepatitis A	Y	N	_____
Norovirus	Y	N	_____
Salmonella spp	Y	N	_____
Salmonella Typhi	Y	N	_____
Shiga toxin-producing Escherichia coli (STEC)	Y	N	_____
Shigella	Y	N	_____
Vibrio cholerae	Y	N	_____
Yersinia	Y	N	_____

4. Please indicate whether you meet any of the following conditions:

A. I have had a previous illness, diagnosed by a health care provider, within the past three months due to Salmonella Typhi, without having received antibiotic therapy, as determined by a health care provider.

Y N

B. I have been exposed to, or am the suspected source of, a confirmed disease outbreak, because I consumed food involved in a disease outbreak, or prepared food involved in an outbreak of:

- Norovirus within the past 48 hours of the last exposure
- Shiga toxin-producing Escherichia coli (STEC), or Shigella spp. within the past 3 days of the last exposure
- Salmonella Typhi within the past 14 days of the last exposure
- Hepatitis A virus within the past 30 days of the last exposure

Y N

C. I have been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and have knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and have knowledge about, an individual diagnosed with an illness caused by:

- Norovirus within the past 48 hours of the last exposure
- Shiga toxin-producing Escherichia coli (STEC), or Shigella spp. within the past 3 days of the last exposure
- Salmonella Typhi within the past 14 days of the last exposure
- Hepatitis A virus within the past 30 days of the last exposure

Y N

Comments: _____

I agree to report to the “Person in Charge” any time I am experiencing any of the above symptoms or conditions or am diagnosed by a medical doctor or health care provider with any of the above diseases.

Conditional Employee Name (please print) _____
Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____
Signature of Food Employee _____ Date _____

Signature of Person in Charge _____ Date _____