



St. Charles County Department of Community Health & the Environment

1650 Boone's Lick Rd., St. Charles MO 63301-2245
Phone (636) 949-1800 FAX (636) 949-7519

Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on illness due to Norovirus, Salmonella Typhi, Shigella spp., Shiga toxin-producing Escherichia coli, and Hepatitis A Virus.

The purpose of this form is to ensure that Food Employees notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of food-borne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

FUTURE SYMPTOMS and PUSTULAR LESIONS:

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

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhi), Shigellosis (Shigella spp.), enterohemorrhagic or Shiga toxin-producing Escherichia coli (Escherichia coli), or hepatitis A (hepatitis A virus).

FUTURE HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of norovirus, typhoid fever (Salmonella Typhi), shigellosis, enterohemorrhagic or shiga toxin-producing Escherichia coli, or hepatitis A.
2. A household member diagnosed with norovirus, typhoid fever (Salmonella Typhi), shigellosis, illness due to enterohemorrhagic or shiga toxin-producing Escherichia coli, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of norovirus, typhoid fever (Salmonella Typhi), shigellosis, enterohemorrhagic or shiga toxin-producing Escherichia coli, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the St. Charles County Food Establishment 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 the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Applicant or Food Employee Name (print) _____

Signature of Applicant or Food employee _____ Date _____

Signature of Permit Holder's Representative _____ Date _____