

# Employee Reporting Notification

## **YOU MUST REPORT TO THE PERSON IN CHARGE:**

**Any onset of the following symptoms, either while at work or outside work, including the date of the onset:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

### **Future Medical Diagnosis:**

Whenever diagnosed as being ill with Norovirus, typhoid fever (Samonella Typhi), shigellosis (Shigella spp. Infection): Escherichia coli O157:H7 or other STEC infection, nontyphoidal Salmonella 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, shigellosis, Ecoli O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other STEC infection, or hepatitis A.

**I have read (or had explained to me) and understand the requirements concerning my responsibilities:**

1. Reporting requirements specified above involving symptoms, diagnoses, and exposures specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

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

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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