EMPLOYEE HEALTH REPORTING AGREEMENT

Employees must report if they have these symptoms:

- Diarrhea
- Vomiting
- Sore throat with fever
- Jaundice (yellowing of the skin and eyes)
- Sores with pus on the hands, wrist or uncovered parts of the arm

Employees must report if they are diagnosed with:

- Norovirus
- Hepatitis A
- Shigella
- Salmonella
- E. coli
- Or other illnesses from food or water

Employees must also report:

If they have been diagnosed with Salmonella typhi (Typhoid Fever) and received no antibiotic treatment within the last 3 months.

If they are the suspected source in a confirmed disease outbreak.

If they have been exposed to Norovirus, E. Coli, Shigella, Salmonella Typhi or Hepatitis A by:
  - Eating or preparing food and/or beverages that are part of an outbreak
  - Living with a person that has been diagnosed with one of the above illnesses

I understand the rules about health reporting and agree to:

1. Report symptoms, a diagnosis or an exposure to a food or waterborne illness to the Person-in-Charge.
2. Exclusions or restrictions that may be required of me.

Employee Name (please print) ____________________________________________

Employee Signature ____________________________ Date _________________

Person in Charge Signature ____________________________ Date _________________

Public Health Madison and Dane County  |  www.publichealthmdc.com
WORK RULES FOR ILL EMPLOYEES

The Person-in-Charge must help prevent the spread of foodborne illnesses by teaching new hires and all employees the importance of not working when sick.

Exclusions

*Employee is not allowed to work in the food establishment.*

<table>
<thead>
<tr>
<th>Illnesses</th>
<th>Management Requirements</th>
<th>When can the employee return to work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Coli O157:H7, Hepatitis A, Jaundice, Shigella, Typhoid Fever, Salmonella non typhoid, Norovirus</td>
<td>Exclude employee from the facility. Notify Health Department. Call 608.242.6515</td>
<td>When the Health Department provides written notification that it is ok to return to work.</td>
</tr>
<tr>
<td>Sudden onset of vomiting or diarrhea</td>
<td>Exclude employee from the facility.</td>
<td>48 hours after their last episode of vomiting or diarrhea.</td>
</tr>
</tbody>
</table>

Restrictions

*Employee might be able to work in the food establishment, but job duties change.*

<table>
<thead>
<tr>
<th>Illnesses</th>
<th>Management Requirements</th>
<th>When can the employee resume full duties?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever with sore throat (Strep throat)</td>
<td>Employee cannot work with exposed food, clean equipment, utensils, linens or unwrapped single service items.</td>
<td>When on antibiotics for at least 24 hours or approved to work by a doctor.</td>
</tr>
<tr>
<td>Persistent sneezing, coughing or runny nose</td>
<td>Employee cannot work with exposed food, clean equipment, utensils, linens or unwrapped single service items.</td>
<td>When symptoms are controlled or symptom free.</td>
</tr>
<tr>
<td>Sore with pus on exposed arms or hands</td>
<td>Employee cannot work with exposed food, clean equipment, utensils, linens or unwrapped single service items.</td>
<td>When the area is healed or when the area is protected and covered with a bandage and glove.</td>
</tr>
</tbody>
</table>