



Employee Health and Personal Hygiene
Modified FDA Form 1-B

Preventing transmission of disease through food by infected conditional employees or food employees.

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to 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 foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE (initial each box):

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

1. Vomiting,
2. Diarrhea,
3. Jaundice,
4. Sore throat with fever,
5. A lesion containing pus such as a boil or infected wound (no matter how small) that is open or draining and is:
 - A. on the hands, wrists, or forearms, or
 - B. on other parts of the body, other than hands or forearms, unless the lesion is covered by a dry, durable, tight-fitting bandage.

Future medical diagnosis:

Whenever diagnosed as being ill with one of the following illnesses:

1. Norovirus,
2. Hepatitis A virus,
3. Shigella spp. infection (shigellosis),
4. Shiga toxin-producing Escherichia coli (e. coli) (STEC),
5. Salmonella Typhi (typhoid/enteric fever),
6. Nontyphoidal Salmonella.

Future exposure to foodborne pathogens:

1. Exposure to, or suspicion of causing any confirmed disease outbreak of norovirus, hepatitis A, shigellosis, typhoid fever, e. coli, or salmonella.
2. A household member diagnosed with norovirus, hepatitis A, shigellosis, typhoid fever, e. coli, or salmonella.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of norovirus, hepatitis A, shigellosis, typhoid fever, e. coli, or salmonella.

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I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
1. Work restrictions or exclusions that are imposed upon me; and
2. 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.

Conditional Employee Name (print)_____

Signature of Conditional Employee_____ **Date**_____

Food Employee Name (print)_____

Signature of Employee_____ **Date**_____

Permit Holder or Representative Name (print)_____

Signature of Permit Holder or Representative_____ **Date**_____