Clinton County Health District

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Food Employee or Conditional Employee Reporting Agreement

The purpose of this agreement is to inform food employees and conditional employees (potential employee to whom a job offer is made) of their responsibilities to report to the Person in Charge (PIC) information about their health as it relates to diseases that are transmissible through food as required in Ohio Administrative Code 3717-1. The information shall be reported in a manner that allows the PIC to reduce the risk of foodborne illness.

A) I AGREE TO REPORT TO THE PERSON IN CHARGE ANY OF THE FOLLOWING:

1. If I have any of the following symptoms, either while at work or outside of work, including the date the symptoms first started:
1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the eyes or skin)
4. Sore throat with fever
5. A lesion containing pus such as a boil or open infected wound on the hands, wrists, exposed portions of the arms or other parts of the body, unless the lesion is protected by disposable gloves or a dry, tight fitting bandage.

2. If I have been diagnosed by a health care provider with any of the following illnesses:
1. Campylobacter
2. Cryptosporidium
3. Cyclospora
4. Entamoeba histolytica
5. Shiga toxin-producing Escherichia coli (STEC)
6. Giardia
7. Hepatitis A
8. Norovirus
9. Salmonella spp.
10. Salmonella Typhi
11. Shigella spp.
12. Vibrio cholera
13. Yersinia

3. If I had a previous illness, diagnosed by a health care provider, within the past three months due to Salmonella typhi, without having received antibiotic therapy.

4. If I am the suspected cause of, or exposed to a confirmed disease outbreak; attend or work in a setting where there is a confirmed disease outbreak; live in the same household with a person diagnosed with an illness listed in(A)(2); or live in the same household with a person who attends or works in a setting of a confirmed outbreak of any of the following:
a. Norovirus within the past forty-eight hours of the last exposure.
b. Shiga toxin-producing Escherichia coli within the past ten days of the last exposure.
c. Shigella spp. within the past four days of the last exposure.
d. Salmonella Typhi within the past fourteen days of the last exposure.
e. Hepatitis A within the past fifty days of the last exposure.

B) The PIC must notify the local health department when a food employee reports they have been diagnosed by a health care provider with any of the illnesses listed in (A)(2).

C) The PIC must ensure that a conditional employee:
1. Is prohibited from becoming a food employee until exclusions or restrictions are removed if they exhibit symptoms or are diagnosed with any of the illnesses listed in (A)(2).
2. Is prohibited from becoming a food employee in an operation that serves a highly susceptible population until exclusions or restrictions are removed if they report a high-risk condition or any of the illnesses listed in (A)(2).

D) The PIC shall restrict the duties of a food employee that exhibits any of the symptoms listed in (A)(1).

E) The PIC shall restrict the duties of or exclude a food employee from the operation in accordance with OAC 3701-3-13 if they have been diagnosed with any of the illnesses listed in (A)(2).

F) The PIC may remove an exclusion or restriction due to an illness diagnosis if the food employee is released by a healthcare provider or approved by local health department. The PIC may remove a restriction if it was due to symptoms listed in(A)(1), symptoms have ceased, and symptoms were not from an illness listed in (A)(2).

Exclude means to prevent the employee from working in the operation or entering the operation as an employee.

Restrict means to prevent the employee from working with clean equipment, utensils, linens or unwrapped single-service articles.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under Ohio Administrative Code 3717-1.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

PIC Name (please print) _____

Signature of PIC _____ Date _____