You play an important role in providing safe food to the general public.

As a food handler, you have a responsibility to report the symptoms and conditions listed below.

I agree to report to the person in charge the following symptoms of foodborne illness:

1. Vomiting

2. Diarrhea

3. Jaundice – yellow skin or eye color

4. Sore throat with fever

5. Infected wounds

I agree to report to the person in charge if a doctor says that I have one of the following infections:

1. Shiga toxin-producing E.Coli (STEC)

2. Salmonella

3. Shigella

4. Hepatitis A

5. Norovirus

I agree to report to the person in charge if I am exposed to foodborne illness in the following ways:

1. I am exposed to a confirmed outbreak of foodborne illness;

2. Someone who lives in my house is diagnosed with a foodborne illness;

3. Someone who lives in my house attends an event or works in a place which has a

confirmed outbreak of foodborne illness.

**Employee Acknowledgement**

I understand that if I fail to meet the terms of this agreement, action could be taken by the food

establishment, or the Health Inspection Program that may affect my employment.

Employee Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person in Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_