



## REPORTING OF ILLNESS FORM Worker Sign-in Sheet

***The purpose of this form is to inform food workers of their responsibility to notify the person in charge when they experience any of the health conditions listed below. The person in charge must take appropriate steps to prevent the transmission of foodborne illness.***

### I AGREE TO REPORT TO THE PERSON IN CHARGE:

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

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*)

### Medical Diagnosis:

Whenever diagnosed as being ill with **Norovirus, typhoid fever (*Salmonella Typhi*), non-typhoidal Salmonella, shigellosis (*Shigella spp. infection*), Escherichia coli 0157:H7 or other Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC) infection or Hepatitis A (hepatitis A virus infection)**

### Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of *Norovirus, typhoid fever, shigellosis, E. coli 0157:H7 or other Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC) infection, or Hepatitis A.*
2. A household member diagnosed with *Norovirus, typhoid fever, shigellosis, E. coli 0157:H7 or other Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC) infection, 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 0157:H7 or other Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC) infection, or Hepatitis A.*

Continued

**I have read and understand the requirements concerning my responsibilities under the Food Code Chapter 137F, Section 2-201.11 and this agreement to comply with:**

1. Reporting requirements specified above
2. Restrictions or exclusions that are imposed upon me; and
3. To demonstrate good hygienic practices.

Name	Address	Phone	Date	Hours Worked
Samantha Smith	1234 5 <sup>th</sup> Ave Cedar Rapids	(123) 456-7890	1/1/19	8-3