

Food Employee Illness Reporting Agreement

The purpose of this agreement is to ensure that Food Employees and Conditional Employees 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 or communicable disease. Please contact Alyssa Rusiecki, Asst. Director for Environmental Health Services (413)-545-5110 with any questions, or Auxiliary Enterprises Human Resources at (413)-577-8070.

I AGREE TO REPORT TO THE PERSON IN CHARGE, and I AGREE NOT TO HANDLE ANY FOOD, BEVERAGE OR FOOD CONTACT SURFACES SUCH AS PANS, UTENSILS, DISHES AND PAPERGOODS IF I HAVE THE FOLLOWING:

A. SYMPTOMS

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice (Yellowish discoloration of skin or eyes)
5. Sore throat with fever (or fever and cough or shortness of breath, or loss of taste and/or smell)
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)

B. MEDICAL DIAGNOSIS WITHIN FOUR MONTHS OF BEGINNING OR RETURNING TO WORK

Whenever diagnosed as being ill with *COVID-19*, *Salmonella Typhi* (Typhoid Fever), *Shigella spp.*(Shigellosis), *Escherichia coli O157:H7* and other *Enterohemorrhagic Escherichia coli (EHEC)*, *Hepatitis A virus*, *Entamoeba histolytica*, *Campylobacter spp.*, *Vibrio cholera spp.*, *Cryptosporidium parvum*, *Giardia lamblia*, *Hemolytic Uremic Syndrome*, *Salmonella spp. (non-typhi)*, *Yersinia enterocolitica*, *Cyclospora cayatanensis*, *Norovirus* and any other disease transmissible through food so designated by the Division of Communicable Diseases of the Department in 105 CMR 300.000: Reportable Diseases and Isolation and Quarantine Requirements.

C. HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, hepatitis A, norovirus, or COVID-19;
2. A household member diagnosed with typhoid fever, shigellosis, illness due to E. coli O157:H7 infection, or hepatitis A, norovirus, or COVID-19.
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, hepatitis A, norovirus, or COVID-19.

I have read (or have had explained to me) and understand the requirements concerning my responsibilities under the State Food Code, **105 CMR 590/current MA approved version of the FDA Food Code** as stated above the agreement to comply with the reporting requirements. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I also agree to maintain good personal hygiene practices such as washing hands for twenty seconds before starting work, after handling money, using the restroom, use of tobacco, eating, drinking, or touching the mouth, face, hair, after any break and before putting on gloves.

I understand that failure to comply with the terms of this agreement could lead to action by Axillary Enterprises and that may jeopardize my employment and may involve legal action against me. Please have this form translated, if the translation is not provided to you.

Food Employee (please **print** name) _____

Signature of Food Employee _____ Date _____

For Office Use Only:

This form has been translated into the employee’s first language _____ AUX HR Rep: _____

Other: _____