

OPTIONAL
Child Nutrition Department
EMPLOYEE HEALTH CONDITION

Employee Name: _____
Address: _____ _____
Telephone Day: _____
Evening: _____
Date of Hire: _____

Today:

Are you currently suffering from any of the following symptoms:

- Diarrhea?..... Yes ... NO
- Fever?..... Yes ... NO
- Vomiting? Yes ... NO
- Jaundice?..... Yes ... NO
- Sore Throat with Fever? Yes ... NO
- Infected Lesions or Wounds Containing Pus on
the Hand, Wrist or an Exposed Body Part? Yes ... NO

Past:

Have you been diagnosed as being ill with salmonellosis (*Salmonella* spp.), Shigellosis (*Shigella* spp.), *E.Coli* infection, or Hepatitis A virus within the last 90 days? Yes. NO

If you have, what was the date of the diagnosis? _____

High Risk Conditions:

Have you been exposed to or suspected of causing a confirmed outbreak of salmonellosis, shigellosis, *E.Coli* infection, or Hepatitis A? If yes, please provide date, _____

Do you live in the same household as a person diagnosed with salmonellosis, shigellosis, *E.Coli* infection, or Hepatitis A? Yes ... NO

Do you have a household member attending or working in a setting where there is a confirmed outbreak of salmonellosis, shigellosis, *E.Coli* infection, or Hepatitis A?..... Yes ... NO

Employee Reporting Agreement

I AGREE TO REPORT to the person in charge FUTURE symptoms, infected wounds or lesions, diagnoses of any of the diseases and high-risk conditions listed above, or any other disease transmissible through food. I agree to comply with these reporting requirements, work restrictions or exclusions that may be imposed upon me, good hygienic practices and if necessary, obtain medical clearance at my expense to work. I understand that failure to comply with the terms of this agreement could lead to action by the school food or health regulatory authority that may jeopardize my employment and may legal action against me.

Employee Name (please print) _____

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____