



## KCMO HEALTH DEPARTMENT FOOD PROTECTION PROGRAM

2400 TROOST AVE, SUITE 3000  
KANSAS CITY, MO 64108  
Phone: (816) 513-6315 Fax: (816) 513-6290



### Food Employee Reporting Agreement

The purpose of this agreement is to ensure that food 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 prevent the transmission of foodborne illness.

I agree to report to the person in charge:

1. Future symptoms and pustular lesions:

- a) Diarrhea
- b) Fever
- c) Vomiting
- d) Jaundice
- e) Sore throat with fever
- f) Lesions containing pus on the hand, wrist, or exposed body part (such as boils and infected wounds)

2. Future medical diagnosis

Whenever diagnosed as being ill with Norovirus, Typhoid fever (*Salmonella typhi*), Shigellosis (*Shigella spp.*), Enterohemorrhagic / Shiga Toxin producing *Escherichia coli*, or Hepatitis A (Hepatitis A virus)?

3. Future High-Risk Conditions:

- a) Exposure to or suspicion of causing any confirmed outbreak of Norovirus, Typhoid fever (*Salmonella typhi*), Shigellosis (*Shigella spp.*), Enterohemorrhagic / Shiga Toxin producing *Escherichia coli*, or Hepatitis A (Hepatitis A virus)?
- b) A household member diagnosed with Norovirus, Typhoid fever (*Salmonella typhi*), Shigellosis (*Shigella spp.*), Enterohemorrhagic / Shiga Toxin producing *Escherichia coli*, or Hepatitis A (Hepatitis A virus)?
- c) A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, Typhoid fever (*Salmonella typhi*), Shigellosis (*Shigella spp.*), Enterohemorrhagic / Shiga Toxin producing *Escherichia coli*, or Hepatitis A (Hepatitis A virus)?

I have read (or had explained to me) and understand the requirements concerning my responsibilities under this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses and high-risk conditions specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

**I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.**

Applicant or food employee: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of applicant or food employee: \_\_\_\_\_ Date: \_\_\_\_\_

Permit holder's representative: \_\_\_\_\_ Date: \_\_\_\_\_