

MetroPublicHealthDept

Nashville / Davidson County

Health Policy Plan

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 preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

FUTURE SYMPTOMS OF:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the fingers, hand or any exposed body part
(such as boils and infected wounds, regardless of size)

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed by a health care provider as being ill with:

- Norovirus,
- Salmonella Typhi (typhoid fever)
- Nontyphoidal Salmonella
- Hepatitis A (hepatitis A virus infection)
- Shigellosis (*Shigella* spp. infection),
- Escherichia coli O157:H7
- or other EHEC/STEC infection

FUTURE HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, 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* O157:H7 or other EHEC/STEC infection, or hepatitis A.

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

1. Reporting requirements specified above involving symptoms, diagnosis 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 Name (please print) _____

Signature of Applicant or Food Employee _____ Date _____

Signature of Permit Holder's Representative _____ Date _____