

# Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food  
by  
Infected Volunteer Food Handlers in the Madison Curling Club Kitchen

*This document serves as an agreement between members and kitchen volunteer management to help ensure that kitchen volunteers notify the Person in Charge when they experience any of the symptoms listed below. The Person in Charge will then take appropriate steps to prevent the transmission of foodborne illness. The use of this document should help demonstrate to the regulatory authority that there is an Employee Health Program in place.*

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

### **SYMPTOMS and PUSTULAR LESIONS:**

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part  
(such as boils and infected wounds, however small)

### **MEDICAL DIAGNOSIS:**

Whenever diagnosed with illnesses from food or water including; **Salmonellosis (*Salmonella* spp.), Shigellosis (*Shigella* spp.), Shiga toxin-producing *E. coli*, Hepatitis A** (hepatitis A virus) or any other pathogen that can be transmitted through food such as: **Entamoeba histolytica, Campylobacter** spp.; **Norovirus; Cryptosporidium** spp.; **Giardia** spp.; **Yersinia enterocolitica; Staphylococcus aureus; or Listeria monocytogenes** or:

Having been diagnosed with **Salmonella typhi** (Typhoid fever) and not receiving antibiotic treatment within the last 3 months.

Having been the suspected source in a confirmed disease outbreak.

Having been exposed to **Norovirus, E. Coli, Shigella, Salmonella Typhi** or **Hepatitis A** by:

- Eating or preparing food and/or beverages that are part of an outbreak.
- Living with a person that has been diagnosed with one of the above diseases.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Wisconsin **Food Code about health reporting** and agree to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, or exposure to food or waterborne illness to the **Person-In-Charge**;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

**I have read and understand that failure to comply with the terms of this agreement** could lead to action by the Madison Curling Club or the food regulatory authority that may jeopardize my membership and may **involve legal action against me** and/or the **Madison Curling Club**.