

Ill Food Workers Reporting Agreement

NOTIFY the Person in Charge immediately if you have any of these symptoms!

- Diarrhea
- Vomiting
- Jaundice
- Sore Throat with Fever
- Open cuts or infected wounds

OR contact with anyone who has been diagnosed with:

- *Salmonella Typhi*
- *Nontyphoidal Salmonella*
- *Shigella*
- *E. coli O157:H7*
- *Hepatitis A. or*
- *Norovirus*

Restrict ill workers from working with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.



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Exclude employees from the food establishment that are **diagnosed** with:

- *Salmonella Typhi*
- *Nontyphoidal Salmonella*
- *Shigella*
- *E. coli O157:H7*
- *Hepatitis A. or*
- *Norovirus*

Report Jaundice and **diagnoses** of the listed disease to the Anchorage Health Department (907)343-4200



I AGREE TO REPORT TO THE PERSON IN CHARGE:

[illegible]