
Employee Health Policy

Establishment Name: _____

Establishment Address: _____

The purpose of this agreement is to inform conditional employees and current employees of this food establishment of the responsibility to notify the person in charge (PIC) when they experience any of the conditions listed so the PIC can take appropriate steps to prevent the transmission of foodborne illness.

I agree to report these symptoms whether they occur at work **or** outside of work:

- 1) Diarrhea;
- 2) Vomiting;
- 3) Jaundice;
- 4) Sore throat with a fever; and/or,
- 5) Infected cuts, wounds, or lesions containing pus on exposed parts of the body (e.g. hands, wrists, etc.)

I understand that if I am experiencing diarrhea and vomiting, I will not be able to return to work for at least **24hrs after the symptoms have stopped.**

I agree to report if I am diagnosed as being ill with Norovirus, Salmonella typhii (typhoid fever), any Shigella species, E. coli 0157:H7, other Enterohemorrhagic or Chiga toxin-producing E. coli, Hepatitis A virus any other communicable disease that is considered reportable as required in the Nevada Revised Statutes (NRS) 441A.

I agree to follow all employee health, restrictions, exclusions and reporting requirements as required in section 030.020 of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

Current/Conditional Food Employee Initial Name: _____

Current/Conditional Food Employee Initial Signature: _____ Date: _____

Food Establishment Representative Name: _____

Food Establishment Representative Signature: _____ Date: _____