

Levy

**TEAM MEMBER\* HEALTH REPORTING AGREEMENT**

\* Applies to food service Team Members including clerical Team Members, managers, office Team Members and receptionists  
 This form must be completed at least once every 12 months.

*The purpose of this agreement is to ensure that Levy Team Members notify the manager or other person in charge when they experience any of the conditions listed so that management can take appropriate steps to prevent the transmission of foodborne illness.*

I AGREE TO REPORT TO THE MANAGER OR OTHER PERSON IN CHARGE:

**FUTURE SYMPTOMS AND CONDITIONS:**

*IMPORTANT: It is not necessary to report symptoms, such as diarrhea, associated with chronic medical conditions or illnesses.*

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

**FUTURE MEDICAL DIAGNOSIS:**

1. Any diagnosis of foodborne illness
2. Diagnosis of being ill with **Norovirus, Typhoid Fever (Salmonella Typhi), Shigellosis, Salmonellosis, E. coli O157:H7 or other EHEC/STEC infection, Hepatitis A infection or (California only) Amebiasis.**

**FUTURE HIGH-RISK EXPOSURES:**

1. Exposure to or suspicion of causing any confirmed outbreak of foodborne illness
2. A household member diagnosed with a foodborne illness
3. A household member attending or working in a setting experiencing a confirmed outbreak of foodborne illness

I HAVE READ (OR HAD EXPLAINED TO ME) AND UNDERSTAND MY RESPONSIBILITIES UNDER THIS AGREEMENT TO COMPLY WITH:

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

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE TERMS OF THIS AGREEMENT MAY LEAD TO DISCIPLINARY ACTION UP TO ANY INCLUDING TERMINATION OF EMPLOYMENT WITH LEVY.

Team Member's Name (please print): \_\_\_\_\_

Team Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (or other person in charge)