

TFE Employee Health Policy and Agreement Form

****As per 15A NCAC 18A .2667 TEMPORARY FOOD ESTABLISHMENT EMPLOYEE REQUIREMENTS**

(e) Employees in temporary food establishments shall comply with the requirements in Subpart 2-201 of the Food Code as amended by Rule .2652 of this Section.

(M) FOOD EMPLOYEES and CONDITIONAL EMPLOYEES are informed of their responsibility to report in accordance with LAW, to the PERSON IN CHARGE, information about their health and activities as they relate to diseases that are transmissible through FOOD, as specified under ¶ 2-201.11(A). Pf

Reporting: Symptoms of illness

I agree to report to the permit holder/operator/PIC when I have:

- 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 (such as boils and infected wounds, however small).*

Reporting: Diagnosed Illnesses

I agree to report to the permit holder/operator/PIC when I have:

- 1. Norovirus*
- 2. Salmonella Typhi (typhoid fever)*
- 3. Shigella spp. infection*
- 4. E. coli infection (Escherichia coli 0157:H7 or other EHEC/STEC infection)*
- 5. Hepatitis A*

Note: The permit holder/operator/PIC must report to the Health Department when an employee has one of these illnesses.

Reporting: Exposure of illness

I agree to report to the permit holder/operator/PIC when I have been exposed to, or am the suspected source of a confirmed disease outbreak through:

- Consuming or preparing food implicated in the outbreak*
- Attending or working in a setting where there is a confirmed disease outbreak*
- Living in the same household as an individual who works or attends a setting where there is a confirmed disease outbreak*

I agree to report to the permit holder/operator/PIC when I have been exposed to any of the illnesses listed above by consuming food prepared by a person who is infected/ill with or by living in same household with a person who is infected/ill with:

- 1. Norovirus within the past 48 hours of the last exposure,*
- 2. Typhoid fever within the past 14 days of the last exposure,*
- 3. Shigella spp. infection within the past 3 days of the last exposure,*
- 4. E. Coli infection within the past 3 days of the last exposure,*
- 5. Hepatitis A: within the past 30 days of the last exposure; or*

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded or restricted** from work.*

**If you are excluded from work you are not allowed to come to work.*

***If you are restricted from work you are allowed to come to work, but your duties may be limited.*

Returning to work

• If you are excluded from work for having diarrhea and /or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms or you provide medical documentation.

• If you are excluded from work for having Jaundice (yellowing of the skin and/ of eyes), Salmonella Typhi (typhoid fever), Hepatitis A, Norovirus, Shigella spp. infection, or E. coli infection, Health Department must be notified if returning to work.

*• If you are excluded or restricted for sore throat with fever, written **medical documentation** from a health practitioner stating that the food employee meets one of the following conditions:*

- Has received antibiotic therapy for Streptococcus pyogenes infection for more than 24 hours*
- Has at least one negative throat specimen culture for Streptococcus pyogenes infection; or*
- Is otherwise determined by a health practitioner to be free of a Streptococcus pyogenes infection.*

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (Print & Sign) _____ Date _____

Manager (Person-in-Charge) Name (Print & Sign) _____ Date _____