

## 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 **24 hrs 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 Shiga toxin-producing E. coli, Hepatitis A virus any other communicable disease that is considered reportable as required in the Administrative Rules of Montana Title 37, Chapter 110, Subchapter 2.

I agree to follow all employee health, restrictions, exclusions and reporting requirements as required in section 2-201.11 of the Administrative Rules of Montana, 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: \_\_\_\_\_



**ENVIRONMENTAL HEALTH SERVICES**

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