Food Employee

Illness/Reporting Agreement

Employee Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that I am NOT currently having:

* Diarrhea or Vomiting

I agree that in the last 48 hours, I have NOT had:

* Diarrhea or Vomiting

I agree to report to the person in charge if I or a family member develops:

* Diarrhea or Vomiting

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Signature of Permit Holder or Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_