



# Jersey County Health Department

1307 State Hwy. 109  
Jerseyville, Illinois 62052  
Equal Opportunity Employer

Phone: 618-498-9565

FAX: 618-498-6291

Website: [www.jerseycountyhealth.org](http://www.jerseycountyhealth.org)

**You play an important role in providing safe food to the general public.**

As a food handler, you have a responsibility to report the symptoms and conditions listed below.

**I agree to report to the person in charge the following symptoms of foodborne illness:**

1. Vomiting
2. Diarrhea
3. Jaundice – yellow skin or eye color
4. Sore throat with fever
5. Infected wounds

**I agree to report to the person in charge if a doctor says that I have one of the following infections:**

1. Shiga toxin-producing E.Coli (STEC)
2. Salmonella Typhi or nontyphoidal Salmonella
3. Shigella spp.
4. Hepatitis A
5. Norovirus

**I agree to report to the person in charge if I am exposed to foodborne illness in the following ways:**

1. I am exposed to a confirmed outbreak of foodborne illness;
2. Someone who lives in my house is diagnosed with a foodborne illness;
3. Someone who lives in my house attends an event or works in a place which has a confirmed outbreak of foodborne illness.

### Employee Acknowledgement

I understand that if I fail to meet the terms of this agreement, action could be taken by the food establishment, or the Jersey County Health Department that may affect my employment.

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

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person in Charge: \_\_\_\_\_ Date \_\_\_\_\_