

FOOD HANDLER VOLUNTEER REPORTING AGREEMENT

The purpose of this agreement is to ensure that Food Volunteers take appropriate steps to preclude the transmission of food borne illness or communicable disease, including but not limited to a severe respiratory disease such as Covid-19. If you have any questions, please contact EH&S Asst. Director for Environmental Health, Alyssa Rusiecki at: 545-2682.

I AGREE NOT TO HANDLE ANY FOOD, BEVERAGE OR FOOD CONTACT SURFACES SUCH AS PANS, UTENSILS, DISHES AND PAPERGOODS, IF I HAVE THE FOLLOWING:

A. SYMPTOMS:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice (yellowish discoloration of skin or eyes)
5. Sore throat with fever, and/or fever of 100.0 F, and/or cough, shortness of breath, loss of sense of taste/smell.
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as cuts, boils and infected wounds, however small)

B. MEDICAL DIAGNOSIS WITHIN THREE MONTHS:

Whenever diagnosed as being ill with *Salmonella Typhi*, *Shigella spp.*, *Escherichia coli O157:H7* and other *Enterohemorrhagic Escherichia coli (EHEC)*, *Hepatitis A virus*, *Entamoeba histolytica*, *Campylobacter spp.*, *Vibrio cholera spp.*, *Cryptosporidium parvum*, *Giardia lamblia*, *Hemolytic Uremic Syndrome*, *Salmonella spp. (non-typhi)*, *Yersinia enterocolitica*, *Cyclospora cayatanensis*, *Norovirus*, *Covid-19* and any other disease transmissible through air or food so designated by the Division of Communicable Diseases of the Department in 105 CMR 300.000: Reportable Diseases and Isolation and Quarantine Requirements.

C. HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, hepatitis A, or Covid-19.
2. A household member diagnosed with typhoid fever, shigellosis or illness due to E. coli O157:H7, Norovirus, hepatitis A, or Covid-19
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, hepatitis A, or Covid-19; or a close contact with Covid-19.

I ALSO AGREE TO MAINTAIN GOOD PERSONAL HYGIENE PRACTICES SUCH AS WASHING HANDS FOR TWENTY SECONDS BEFORE STARTING WORK, AFTER HANDLING MONEY, USING THE RESTROOM, USE OF TOBACCO, EATING, DRINKING, OR TOUCHING THE MOUTH/NOSE, FACE, HAIR, MASK, AFTER ANY BREAK, AND BEFORE PUTTING ON GLOVES, and ADJUSTING or PUTTING ON MASKS.

GROUP NAME: _____

EVENT NAME: _____ EVENT DATE(S): _____

Volunteer (please print): _____

Signature of Volunteer: _____ Date: _____

Signature of Caterer/Vendor, if applicable: _____ Date: _____

Every person who is handling food for this event must sign his/her own form and deliver it at least one business day in advance of the event to: EH&S, 117 Draper Hall, UMass, Amherst, MA 01003.