

# Culinary Student Health Policy Agreement

## Reporting: Symptoms of Illness

I agree to report to the instructor 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, lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

## Reporting: Diagnosed Illness

I agree to report to the instructor 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 instructor must report to the Health Department when a student has one of these illnesses.*

## Reporting: Exposure of Illness

I agree to report to the instructor when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.

## Exclusion and Restriction from Class

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

\*If you are excluded from class, you are not allowed to come to class.

\*\*If you are restricted from class, you are allowed to come to class, but your duties/assignments may be limited.

## Returning to Class

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

If you are excluded from class for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhi (typhoid fever), Shigella spp. Infection, E. coli infection, and/or Hepatitis A, you will not be able to return to class until Health Department approval is granted.

## Agreement

My student and I understand that we must

1. Report when the student has or has been exposed to any of the symptoms or illnesses listed above; and
2. Comply with class restrictions and/or exclusions that are given to the student.

We understand that if the student, parent or guardian, do not comply with this agreement, it may put continuing in the class at risk.

Culinary Student Name (please print) \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Instructor Name (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

