Revision date: 4.29.20

**Food Worker Hygiene Agreement**

I AGREE TO NOT WORK WITH FOOD IF I HAVE, OR RECENTLY HAD, ANY OF THE FOLLOWING:

1. Diarrhea
2. Fever
3. Jaundice (yellow colored skin and eyes)
4. Skin lesions with pus on hands or arms
5. Sore throat with fever
6. Vomiting

I AGREE TO WASH MY HANDS:

1. Before preparing food

2. After using the toilet

3. After coughing, sneezing or blowing nose

4. After eating or drinking

5. After touching arms or face

6. After handling dirty equipment or utensils

7. Before putting on disposable gloves

**COVID-19 SYMPTOMS**

I AGREE TO NOT WORK AND RETURN HOME IF I HAVE, OR RECENTLY HAD ANY OF THE FOLLOWING:

1. Dry cough that recently appeared
2. Shortness of breath or difficult breathing that recently appeared

**OR**

Two or more of the following symptoms:

1. Chills
2. Chills with shaking in a recurring or repeating manner
3. Headache
4. Fever (above 100.4 degrees Fahrenheit internal temperature)
5. Loss of taste or smell that recently occurred
6. Muscle pain
7. Sore throat

Name of food worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Signature of food worker | Date |
| Signature of food manager | Date |

State of Montana DPHHS Food and Consumer Safety Section – Telephone: 406.444.2837