

This form to be kept on site at all times of operation.

Gallatin City-County Health Department
FOOD HANDLER HEALTH REQUIREMENTS

"Food Handler" means any person in the food preparation area of a Food Service Establishment who handles food, food containers, or food utensils, including owners, Persons-in-Charge, employees and volunteers.

A food handler may not handle food in a Food Service Establishment if they:

1. Are currently diagnosed or have been diagnosed within the last four (4) weeks with an illness due to any the following bacteria or viruses:
 - a. *Salmonella*,
 - b. *Shigella*,
 - c. *E. coli*,
 - d. Hepatitis A;
 - e. *Campylobacter*,
 - f. *Cryptosporidium*, or
 - g. *Giardia*.

1. Has symptoms associated with an acute gastrointestinal illness such as:
 - a. Diarrhea,
 - b. Fever
 - c. Vomiting
 - d. Jaundice, or
 - e. Sore throat with fever;

2. A lesion or sore containing pus such as a boil or infected wound that is open or draining and is:
 - a. On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover,
 - b. On exposed portions of the arms, unless the lesion is protected by an impermeable cover, or,
 - c. On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage;

If you have any of these diseases or symptoms, **CONTACT YOUR SUPERVISOR BEFORE YOU START WORKING.** It may be illegal for you to work or handle food if you have any of these diseases or symptoms.

Your supervisor or the Person in Charge will notify the Gallatin City-County Health Department (582-3120). This information will be kept confidential as provided by Montana law.

People may become sick if they eat food prepared or handled by someone with these diseases or symptoms. If possible, you may be assigned other duties that do not involve food handling or preparation. The Gallatin City-County Health Department will make this decision.

Establishment: _____

By signature attached, I certify that I understand and will comply with the above cited Health Requirements

Signature Sheet Attached

Employee Health Requirements Verification

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

Printed Signature

Employee Signature

Date

This form to be kept on site at all times of operation.