



UNIVERSITY OF MASSACHUSETTS/AMHERST
Environmental Health & Safety
Biosafety and Environmental Health Program
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FOOD VOLUNTEER FORM

The purpose of this agreement is to ensure that Food Volunteers take appropriate steps to preclude the transmission of food borne illness. If you have any questions, please contact Larry Davis or Maureen O'Leary at 545-2682.

I AGREE NOT TO HANDLE ANY FOOD, BEVERAGES, PANS, UTENSILS, DISHES AND PAPER PRODUCTS IF I HAVE THE FOLLOWING:

A. SYMPTOMS

Diarrhea, fever, vomiting, jaundice (yellowish discoloration of skin or eyes), sore throat with fever, lesions containing pus on the hand, wrist, or an exposed body part such as boils and infected wounds, however small.

B. MEDICAL DIAGNOSIS (within 3 months)

A diagnosis of being ill with Salmonella Typhi, Shigella spp., Escherichia coli 0157: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 cayetanensis, and any other disease transmissible through 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 exposure to any confirmed outbreak of typhoid fever, shigellosis, E. coli 0157:H7 infection, or hepatitis A;
2. A household member who is diagnosed with typhoid fever, shigellosis, illness due to E. coli 0157:H7, or hepatitis A;
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, E. coli 0157:H7 infection, or hepatitis A.

I ALSO AGREE TO WEAR GLOVES WHEN SERVING OR HANDLING FOOD AND MAINTAIN GOOD PERSONAL HYGIENE PRACTICES SUCH AS WASHING HANDS WITH SOAP AND WATER FOR TWENTY SECONDS BEFORE STARTING WORK, AFTER HANDLING MONEY, USING THE RESTROOM, USE OF TOBACCO, EATING, DRINKING, TOUCHING THE MOUTH, FACE, HAIR, OR AFTER ANY BREAK AND BEFORE PUTTING ON GLOVES.

Volunteer (please print name) _____

Signature of volunteer _____ Date _____

Signature of Permit Holder's Representative _____ Date _____

(Revised 8/2005)

