

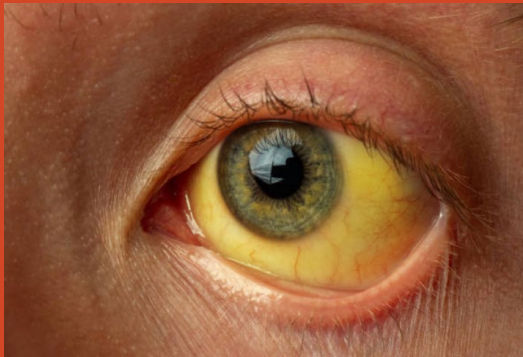
EMPLOYEE ILLNESS REPORTING

Public Health Division | Food & Lodging | 600 East Boulevard Ave, Dept. 325 | Bismarck, ND 58505-0250 | hhs.nd.gov | 701-328-1291

REPORTING YOUR SYMPTOMS TO THE PERSON IN CHARGE

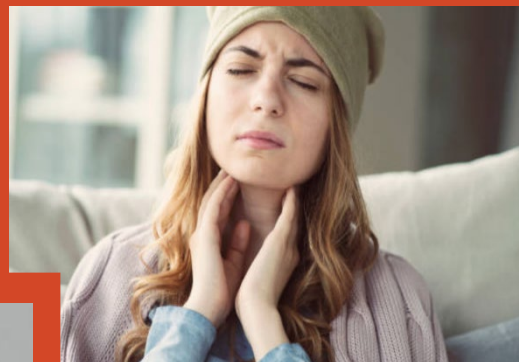
IF YOU HAVE:

**DIARRHEA or
VOMITING**



JAUNDICE

SORE THROAT WITH FEVER



**A BOIL OR INFECTED WOUND
ON YOUR HANDS, WRISTS,
ARMS, OR OTHER EXPOSED
BODY PARTS**

**REPORT YOUR SYMPTOMS TO THE PERSON IN CHARGE
AND GIVE THE DATE THE SYMPTOMS BEGAN**

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REPORTING YOUR DIAGNOSIS TO THE PERSON IN CHARGE

IF YOU HAVE BEEN
DIAGNOSED WITH:

SALMONELLA
(TYPHOIDAL OR NON-TYPHOIDAL)

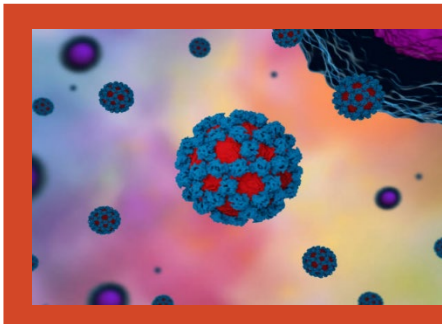


SHIGELLA

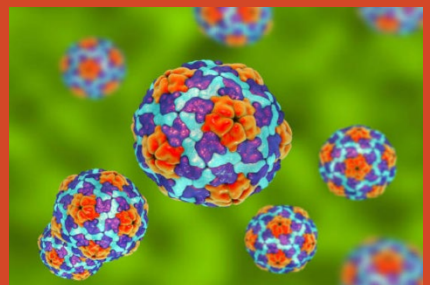
**SHIGA TOXIN-
PRODUCING E. COLI**



NOROVIRUS



HEPATITIS A



**REPORT YOUR DIAGNOSIS TO THE PERSON IN CHARGE AND
DO NOT COME BACK TO WORK UNTIL APPROVED BY THE
REGULATORY AUTHORITY**