## TYPHOID CARRIER AGREEMENT

I have been informed that I am a typhoid carrier and that unless precautions are taken, persons may contract typhoid fever from me. Realizing this danger, I hereby agree to observe the precautions stated below:

- 1. I shall take no part in the preparation, serving, or handling of milk or other food which may be consumed by any person other than members of my own immediate family.
- I shall not participate in the management of a dairy or other milk distributing plant, boarding house, restaurant, food store, or any place where food is prepared or served, nor engage in any occupation involving the preparation or handling of food. I shall encourage the members of my family to be immunized against typhoid fever, if recommended by the local health officer.
- 3. I shall not engage in any occupation involving the direct care of young children, the elderly, or patients in hospitals or other institutional settings.
- 4. I shall wash my hands thoroughly with soap and hot water after using the toilet and before handling food 100 percent of the time.
- 5. If flush toilets are not available, I shall dispose of my stool and urine according to the instructions given me by the local health officer to prevent access of flies and/or contamination of drinking water.
- 6. I shall report immediately to the local health officer any case of illness suggestive of typhoid in my family or associates.
- 7. I shall inform the local health officer of any contemplated change of address or occupation so that she/he can notify the California Department of Public Health.
- 8. I shall communicate with the local health officer before submitting to any type of treatment intended to cure the typhoid carrier state.
- 9. I shall notify any physician, hospital, or other institution providing medical care to me, of my carrier condition.
- 10. The health officer may inform any physician, hospital, or other institution providing my medical care, of otherwise confidential details regarding my carrier condition.

I understand that this information is confidential and will not be divulged unless I violate the terms of this agreement and/or action becomes necessary to protect the public .

| Name of typhoid carrier (print) First Last |      | Signature of typhoid carrier |       | Date     |  |
|--|------|------------------------------|-------|----------|--|
| Address (number, street)                   |      | City                         | State | Zip code |  |
| Witnesses:                                 |      |                              |       |          |  |
| Name of witness (print) First              | Last | Signature                    |       | Date     |  |
| Name of witness (print) First              | Last | Signature                    |       | Date     |  |