

Typhoid Carrier Agreement and Permit Form

COUNTY

FOR STATE
USE ONLY

#

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City Zip County

e-mail address _____

SEX female male

Occupations/grade _____

DATE OF BIRTH ____/____/____ or, if unknown, AGE _____

Worksites/school/day care center _____

ALTERNATIVE CONTACT: Parent Spouse Household Member Friend _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip County

e-mail address _____

AGREEMENT AND PERMIT

I, _____ identified above, agree to observe the precautions that are required by the Oregon Department of Human Services relative to Typhoid and Paratyphoid Carriers.

1. I will not work as a food handler or provide personal care (e.g., feeding, bathing, dressing, assisting with personal hygiene, changing diapers, changing bedding, or other services involving direct physical contact) to children in Child Care Facilities or to residents of Residential Facilities.
2. I will immediately notify the Local Public Health Authority of illness suggestive of typhoid fever in my household or among my immediate associates.
3. I will furnish specimens for examination in the manner prescribed by the Local Public Health Authority.
4. I will immediately notify the Local Public Health Authority of any change of permanent address.

Signature _____ Date _____

In accordance with the agreement above signed, _____,

a typhoid or paratyphoid carrier, is hereby permitted to mingle with the public at large and work in occupations not in conflict with the agreement.

Signed _____ Date _____
Health Officer

Good for one year from date. Subject to renewal.