## Typhoid Carrier Agreement and Permit Form

### 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 ________________

Good for one year from date. Subject to renewal.