Missouri Department of Health and Senior Services

TYPHOID CARRIER AGREEMENT

To Whom It May Concern Date _____

I, _____ of _____

Acknowledge that I am a typhoid carrier and that in order that I might be placed under modified isolation I hereby agree that:

A. I will not at any time handle, prepare or cook any food or drink to be consumed by others than my immediate family.

B. I will thoroughly wash my hands with soap and water after each visit to the toilet.

C. I will not bathe in any public or private swimming pool.

D. If my residence is not connected to a municipal sewage treatment system, I agree to have an onsite sewage treatment facility that complies with the minimum standards as determined by the Missouri Department of Health and Senior Services.

E. I will notify the health officer or the local health department within one week of any change of address.

F. I will submit such fecal and urine specimens as may be requested by the health officer or local health department.

G. If I become ill and require hospital or institutional care, I will inform the superintendent or person in charge of such hospital or institution that I am a typhoid carrier.

H. I understand that failure to abide by the provisions of this agreement subjects me to necessary enteric precautions as determined by the Missouri Department of Health and Senior Services.

I. I have explained these provisions to _____ and in view of the above Agreement I hereby grant permission for _____to be in free communications with others as long as _____complies with the conditions of the agreement.

Signed _____

Address _____

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