

Employee Health Policy Agreement

Pursuant to Ohio Administrative Code 3717-1-02.1 (A)

I agree to report to the manager when I have the following symptoms:

- Vomiting • Diarrhea • Jaundice • Sore throat with fever
- Lesion/infected wound (unless protected by impermeable cover)

And two of the following

- Fever • Chills • Muscle pain • Headaches • Sore throat
- New loss of taste or smell • Repeated shaking with chills

Or have been exposed to any of the illnesses listed below through:

- An outbreak of reportable illnesses
- A household member having reportable illnesses
- A household member attending or working in a setting with an outbreak

Note: The manager must actively restrict/exclude the duties of an employee with these symptoms

I agree to report to the manager if diagnosed with or exposed to:

- Campylobacter • Cryptosporidium • Cyclospora • Entamoeba histolytica
- Giardia • Hepatitis A • Norovirus • Salmonella spp.
- Salmonella Typhi • Shigella • Vibrio cholera • Yersinia
- Shiga toxin-producing Escherichia coli

Note: The manager must actively restrict/exclude the duties of an employee with these symptoms AND report the illness to the licensor (Health Department).

Returning to work:

The manager may remove the restriction/exclusion if employee is released by a health care provider or by approval of the licensor (Health Department).

The manager may also remove the restriction if:

- It was due to the symptoms listed above and the symptoms have ceased
- The illness was not from an infectious disease agent listed above

Agreement:

I understand that I must:

Report when I have or have been exposed to any of the symptoms or illness listed above; and

Comply with work restrictions (allowed to come to work, but duties may be limited) and/or exclusions (not allowed to come to work) that are given to me.

I understand that if I do not comply with this agreement, it may put the public at risk and can result in termination.

Food Employee Name _____

Signature of Employee _____

Date _____

Manager (Person-in Charge) Name _____

Signature of Manager _____

Date _____