

Employee Health Agreement

Employees are now required by law to report any illness to the person in charge. If you are diagnosed with any of the following illness or experience any of the following symptoms, you **MUST report it immediately. OAC 3717-1-2.1**

I agree to alert management:

When I have symptoms of:

| | |
|-----------------------------------|---|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sore throat with fever |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Lesions containing pus |

Whenever I am diagnosed by a physician as being ill with:

| | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Salmonella spp. | <input type="checkbox"/> Campylobacter spp. | <input type="checkbox"/> Giardia |
| <input type="checkbox"/> Salmonella Typhi | <input type="checkbox"/> Norovirus | <input type="checkbox"/> Yersinia |
| <input type="checkbox"/> Shigella | <input type="checkbox"/> Vibrio cholera | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Entamoeba histolytica | <input type="checkbox"/> Cryptosporidium | |
| <input type="checkbox"/> Cyclospora | <input type="checkbox"/> Shiga toxin-producing Escherichia coli | |

If I have been:

1. Diagnosed with Salmonella Typhi within the past 3 months, without receiving antibiotics.
2. Exposed to or I am the source of a confirmed disease outbreak because I consumed food that was prepared by a person who is infected with an illness listed below.
3. Exposed by attending an event, working in a setting, or living in the same household as an individual diagnosed with an illness listed below.

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|--|
| Norovirus within the past forty-eight hours of the last exposure; |
| Shiga toxin-producing Escherichia coli, or Shigella spp. with past 3 days of the last exposure; |
| Salmonella Typhi within the past 14 days of the last exposure |
| Hepatitis A virus within the past 30 days of the last exposure |

I have read (or had explained to me) and understand the requirements concerning my responsibilities to report illnesses to management.

Food employee (print) _____ Date _____

Signature of Food Employee _____ Date _____

Signature of Manager _____ Date _____