

## Employee Health Policy Agreement

Employees are now required by law to report any illness to the person in charge.

I agree to alert management if I have any of the following symptoms:

OAC 3717-01	COVID-19		
*Vomiting	*Cough		
*Diarrhea	*Difficulty breathing and/or shortness of breath		
*Jaundice	<b>And two of the following:</b>		
*Sore throat with fever	*Fever	*Muscle pain	*Sore throat
*Lesion/Infected wound containing pus	*Chills	*Consistent shivering with chills	
	*Headaches	*New loss of taste or smell	

I agree to alert management if I have been diagnosed with:

*Campylobacter	*Cryptosporidium	*Cyclospora	*Entamoeba histolytica
*Giardia	*Hepatitis A virus	*Norovirus	*Salmonella spp.
*Salmonella typhi	*Shigella spp.	*Vibrio cholerae	*Yersinia
*Shiga toxin-producing E. coli			

Note: At a minimum the manager must restrict employees with symptoms. If an employee has been diagnosed by a doctor with one of the above illnesses, the manager must actively restrict/exclude employees **AND** report to the Health Department.

**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.
  - \***Norovirus** within the last 48 hours of exposure;
  - \***Shiga toxin-producing Escherichia coli** within the past 10 days of last exposure or **Shigella spp.** within the past 4 days of last exposure
  - \***Salmonella Typhi** within the past 14 days of last exposure
  - \***Hepatitis A virus** within the past 50 days of 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 \_\_\_\_\_