

# Employee Health Policy Agreement

## Reporting: Symptoms of Illness

I agree to report to the manager when I have any of the following:

- Diarrhea
- Vomiting
- Jaundice (yellowing of the skin and/or eyes)
- Sore throat with fever
- Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part. This includes boils or infected wounds, however small.

## Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

- Norovirus
- Salmonella Typhi (typhoid fever)
- Shigella spp infection
- E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
- Hepatitis A

*Note, the manager must report to the Health Department when an employee has one of these illnesses.*

## Reporting: Exposure of Illness

I agree to report to a manager when I have been exposed to any of the illnesses listed above through:

- An outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
- A household member with Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
- A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.

## Exclusion and Restriction From Work

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

*\*If you are excluded from work you are not allowed to come into work.*

*\*\*If you are restricted from work you are allowed to come to work but your duties may be limited.*

## Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. Infection, E. coli infection, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

## Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me

***I understand that if I do not comply with this agreement, it may put my job at risk.***

Food employee name (print) \_\_\_\_\_

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/ Person-in-charge Name (print) \_\_\_\_\_

Signature of Manager (person-in-charge): \_\_\_\_\_ Date: \_\_\_\_\_