



**Public Health**  
Prevent. Promote. Protect.

# Employee Health Policy Agreement



## Reporting: Symptoms and Exposure of Illness

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

- Vomiting
- Diarrhea
- Jaundice
- Sore throat with fever
- Lesion/infected wound (depending on covering)

## Reporting: Diagnosed Illnesses

I agree to report to the manager if diagnosed with any of these reportable illnesses:

- Campylobacter
- Cryptosporidium
- Cyclospora
- Entamoeba histolytica
- Giardia
- Hepatitis A virus
- Norovirus
- Salmonella spp.
- Salmonella Typhi
- Shigella spp.
- Vibrio cholera
- Yersina
- Enterhemorrhagic or Shiga toxin-producing Escherichia coli

or if I have been exposed to any of these diseases due to: An

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

## Restrictions/Exclusions

The manager must restrict employees while they continue to exhibit symptoms. If an employee has been diagnosed by a doctor with any of the above illnesses, (except Norovirus) AND works in a highly susceptible population, they are to be EXCLUDED from work. The manager must report the diagnosed illness to the Health Department.

If an employee is diagnosed with any of the above illnesses, and does not work in a highly susceptible population, then the manager must Restrict or Exclude employees AND report the diagnosed foodborne illness to the Health Department.

## Returning to Work

If you are Excluded from work for exhibiting symptoms, you will not be able to return to work until the symptoms have ended.

If you are diagnosed with one of the reportable illnesses listed above, you will not be able to return to work until the symptoms have ended AND the Licensor (Health Department) approval is granted.

## 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 \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager (Person-in Charge) Name \_\_\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_