

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)
- Cough • Fever • Chills • Muscle pain • Shortness of breath or difficulty breathing
- Sore throat • New loss of taste or smell

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 • Yersinia
- 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

Exclusions

The **manager must actively exclude** employees while they continue to exhibit symptoms. If an employee has been diagnosed by a doctor with one of the above illnesses then the manager **must actively exclude employees AND report to the Licensor** (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 _____

Signature of Employee _____ Date _____

Manager (Person-in Charge) Name _____

Signature of Manager _____ Date _____

REV2: 8/17/2022



Lake County
General Health District

Public Health
Prevent. Promote. Protect.

