Employee Health Policy Agreement

**Reporting: Symptoms of Illness**

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

**Reporting: Diagnosed Illnesses**

I agree to report to the manager when I have:

1. Norovirus
2. *Salmonella* Typhi (typhoid fever)
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. 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 the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
3. 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 to 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* Typhi (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 (please print) ____________________________________________

Signature of Employee ____________________________________________ Date ________

Manager (Person-in-Charge) Name (please print) ___________________________________

Signature of Manager (Person-in-Charge) ______________________________ Date _______