

**Name of the Facility:**  
**Address of the Facility:**

**Employee Health Policy Agreement  
(Including COVID-19 Symptoms)**

**Reporting Symptoms of Illness:**

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

**OAC 3717-1**

- Vomiting
- Diarrhea
- 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

**COVID-19**

- Cough
- Shortness of breath or difficult breathing

And two of the following

- Fever
- Chills
- Muscle pain
- Headaches
- Sore throat
- New loss of taste or smell
- Repeated shaking with chills

**Reporting Diagnosed Illness:**

I agree to report to the manager when I am diagnosed ill due to any of the following infectious agents:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Campylobacter</li><li>• Cryptosporidium</li><li>• Cyclospora</li><li>• Entamoeba histolytica</li><li>• Shiga toxin-producing Escherichia coli</li><li>• Giardia</li></ul> | <ul style="list-style-type: none"><li>• Hepatitis A</li><li>• Norovirus</li><li>• Salmonella spp.</li><li>• Salmonella Typhi</li><li>• Shigella</li><li>• Vibrio cholera</li><li>• Yersinia</li></ul> |
|---|---|

**Reporting Exposure to an Illness**

I agree to report to the manager if I:

- Had a previous illness, diagnosed by a health care provider, within the past three months due to **Salmonella Typhi**, without having received antibiotic therapy, as determined by a health care provider.
- Have been exposed to, or is the suspected source of, a confirmed disease outbreak, I consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected or ill with:
  - Norovirus within the past forty-eight hours of the last exposure;
  - Shiga toxin-producing Escherichia coli within the past ten days of the last exposure;
  - Shigella spp. within the past four days of the last exposure;
  - Salmonella Typhi within the past fourteen days of the last exposure;
  - Hepatitis A virus within the past fifty days of the last exposure; or
- Have been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

- Norovirus within the past forty-eight hours of the last exposure;
- Shiga toxin-producing Escherichia coli within the past ten days of the last exposure;
- Shigella spp. within the past four days of the last exposure;
- Salmonella Typhi within the past fourteen days of the last exposure; or
- Hepatitis A virus within the past fifty days of the last exposure.

**Exclusion and Restriction from Work**

If I have any of the symptoms or illnesses listed above, I may be **excluded\*** or **restricted\*\*** from work by the person-in-charge.

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

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

**Returning to Work**

I may return to work if I have been released by a health care provider or by approval of the licensor. I may seek approval to work by contacting the person-in-charge if I was restricted due to symptoms listed in the "Reporting Symptoms of Illness" section and these symptoms have ceased, provided that the illness was not caused by an infectious agent listed in the "Reporting Diagnosed Illness" section.

**Agreement**

I understand that I must report when I have or have been exposed to any of the symptoms or illnesses listed above and comply with the work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, I may be subject to discipline or termination.

Person-in-Charge Name (please print) \_\_\_\_\_

Signature of Person-in-Charge \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (please print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_