



Summit County Public Health

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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)

or have been exposed to any of the illnesses listed below through:

- 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

Reporting: Diagnosed Illnesses

I agree to report to the manager if diagnosed with:

- 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

Note: The **manager must actively restrict/exclude** employees with the symptoms. If an employee has been diagnosed by a doctor with one of the above illnesses then the manager **must actively restrict/exclude employees AND report to the Licensor** (Health Department).

Returning to Work

If you are excluded from work for exhibiting symptoms and/or illnesses listed above, you will not be able to return to work until the symptoms have ended and/or 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 _____