

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, or exposed body part (such as boils and infected wounds, however small)

The person in charge shall **restrict*** the duties of a food employee that has any of the symptoms listed above, and **exclude**** the food employee if the facility serves a primarily high-risk population (hospitals, nursing homes, child care centers).

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have been diagnosed with:

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| 1. Campylobacter | 7. Hepatitis A |
| 2. Cryptosporidium | 8. Norovirus |
| 3. Cyclospora | 9. Salmonella spp. |
| 4. Entamoeba histolytica | 10. Salmonella typhi |
| 5. Enterohemorrhagic or Shiga toxin-producing Escherichia coli | 11. Shigella |
| 6. Giardia | 12. Vibrio cholerae |
| | 13. Yersinia |

The person in charge shall **exclude**** a food employee diagnosed with illnesses listed above and must report the diagnosis to the local health department.

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.

Restriction and Exclusion from Work

*If you are **restricted** from work, your duties must be limited so that you do not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

If you are **excluded from work, you are not permitted to work or enter the food service operation as an employee.

Returning to Work

If you were restricted or excluded from work due to any of the above listed **symptoms**, the person in charge may allow you to return to work once symptoms have subsided.

If you have been excluded after being diagnosed with one of the above listed **illnesses**, you will not be able to return to work until approval is granted from the local health department.

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.

Employee Name (please print) _____

Signature of Employee _____ Date _____