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 _____________