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
- Giardia
- Salmonella Typhi
- Cryptosporidium
- Hepatitis A virus
- Shigella spp.
- Cyclospora
- Norovirus
- Vibrio cholera
- Entamoeba histolytica
- Salmonella spp.
- Yersina

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 _____________
GUIDELINES FOR EXCLUSION/RESTRICTION OF ILL FOOD EMPLOYEES

(This is a brief summary, for complete information on exclusion, isolation and restriction refer to 3717-1-02.1 of the OAC)

- **EXCLUSION:**
  - food employees while they have diarrhea and vomiting. Employees may not return for at least 24 hours after symptoms have stopped
  - food employees with the following illnesses. These illnesses must be reported to the local health department. The health department will investigate the case and provided clearance for the employee to return to food service duties.

<table>
<thead>
<tr>
<th>Illness</th>
<th>Description</th>
<th>Return to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salmonella</td>
<td>Incubation: 12-72 hours (may last 4-7 days) Symptoms: diarrhea, headache, loose stool, low fever and cramps</td>
<td>Diarrhea ceased AND 2 follow-up stools are negative for Salmonella.</td>
</tr>
<tr>
<td>Shigella</td>
<td>Incubation: 12-96 hours (usually 1-2 days) Symptoms: fever and diarrhea (watery or bloody), vomiting and cramps</td>
<td>Diarrhea ceased AND 2 follow-up stools are negative for Shigella.</td>
</tr>
<tr>
<td>E. coli</td>
<td>Incubation: 2-8 day onset (average 3-4 days) Symptoms: severe abdominal cramps and diarrhea (may be bloody), usually little or no fever</td>
<td>Diarrhea ceased AND 2 follow-up stools are negative for Ecoli 0157:H7 or other Shiga toxin-producing Ecoli.</td>
</tr>
<tr>
<td>Hepatitis A virus</td>
<td>Incubation: 15-50 days (average 28-30 days) Symptoms: fatigue, loss of appetite, abdominal pain, dark-colored urine, yellowing of the skin and the whites of the eyes</td>
<td>Until 10 days after initial onset of symptoms.</td>
</tr>
<tr>
<td>NoroVirus/ Noro-like</td>
<td>Incubation: 12-48 hours Symptoms: diarrhea, vomiting,</td>
<td>Disease ceased AND 48 hours has passed since last symptom.</td>
</tr>
<tr>
<td>Campylobacter spp.</td>
<td>Incubation: 2-5 days (range 1-10 days) Symptoms: vomiting, cramping, abdominal pain, fever, diarrhea (may be watery or bloody)</td>
<td>Diarrhea ceased AND one of the following: 1) 48 hours of effective antimicrobial treatment completed OR 2 follow-up stools are negative for Campylobacter.</td>
</tr>
<tr>
<td>Vibrio cholerae (Cholera)</td>
<td>Incubation: 1-5 day onset Symptoms: high fever, severe watery stool</td>
<td>Diarrhea ceased AND 2 follow-up stool specimens are negative for Vibrio cholerae.</td>
</tr>
<tr>
<td>Cryptosporidium</td>
<td>Incubation: 2-10 days (average about 7 days) Symptoms: dehydration, weight loss, diarrhea, general malaise, fever and nausea</td>
<td>Diarrhea ceased AND 3 follow-up stool specimens are negative for Cryptosporidium.</td>
</tr>
<tr>
<td>Cyclospora</td>
<td>Incubation: about 1 week Symptoms: diarrhea, nausea, loss of appetite and abdominal cramping</td>
<td>Diarrhea ceased AND effective antimicrobial treatment started.</td>
</tr>
<tr>
<td>Giardia</td>
<td>Incubation: 3-25 days (average 7-10 days) Symptoms: chronic diarrhea (may be pale and greasy), fatigue and weight loss</td>
<td>Diarrhea ceased AND one of the following: 72 hours of effective antimicrobial treatment completed OR 3 follow-up stools are negative for Giardia.</td>
</tr>
<tr>
<td>Yersinia</td>
<td>3-7 day onset (generally &lt; 10 days) Symptoms: diarrhea, fever and abdominal pain</td>
<td>Diarrhea ceased AND 2 follow-up stool specimens are negative for Yersinia.</td>
</tr>
</tbody>
</table>

- **RESTRICTION:**
  - Employees who no longer have diarrhea and/or vomiting and are awaiting clearance to return to full food service duties, may work if restricted from exposed food, clean equipment, utensils, linens and wrapped and unwrapped single-service and single-use articles.
ATTENTION FOOD EMPLOYEES!

Health Reporting Requirements

All food employees share in the responsibility for preventing Foodborne illness. You are obligated to inform your supervisor if you:

- Have a confirmed foodborne illness or were recently ill
- Have the following symptoms: Vomiting, Diarrhea, Fever, or Sore throat with fever.
- Have a boil or infected wound on your hands, wrists, or arms.
- Are suspected of causing or have been exposed to a confirmed foodborne illness.
- Live in the same household as a person with a confirmed foodborne illness or works at or attends a setting with a confirmed foodborne illness.

Your diligence in this matter is expected and appreciated.