Employee Health Policy Agreement

Reporting: Symptoms and Exposure of Illness

I agree to report to the manager when I have the following symptoms:

**OAC 3717-1**

**COVID-19**

* Vomiting
* Diarrhea
* Jaundice
* Sore Throat with Fever
* Lesion/Infected Wound (depends on covering)
* 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

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

* An outbreak of reportable illnesses
* A household member having a reportable illness
* 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 | • Yersinia |
| • Enterohemorrhagic or Shiga toxin-producing Escherichia coli |

Note: The **manager at a minimum must restrict** 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.

Employee Name

Signature of Employee Date