

# Employee Health Policy Agreement for Food Service Establishments

## 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*).

## Reporting: Diagnosed Illnesses

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

1. Norovirus
2. Non-Typhoidal *Salmonella*
3. *Salmonella* Typhi (typhoid fever)
4. *Shigella* spp. infection
5. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
6. Hepatitis A

**Note: The manager must report to the Health Department when an employee has been diagnosed with one of these illnesses.**

## 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, Non-typhoidal *Salmonella*, Typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
2. A household member with Norovirus, Non-typhoidal *Salmonella*, 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, Non-typhoidal *Salmonella*, Typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.

## Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you will be **excluded\*** or **restricted\*\*** from work.

*\*If you are **excluded** from work you are not allowed to come to work.*

*\*\*If you are **restricted** from work you are allowed to come to work, but your duties may be limited.*

## Returning to Work

\*If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until **more than 24 hours have passed** since your last symptoms of diarrhea and/or vomiting.

\*If you are excluded from work for having jaundice (yellowing of the skin and/or eyes), Norovirus, Non-typhoidal *Salmonella*, *Salmonella* Typhi (typhoid fever), *Shigella* spp. infection, *E. coli* infection, and/or Hepatitis A, you will not be able to return to work until **Health Department approval and/or a release from a medical practitioner** is granted.

## 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.

I understand that if I do not comply with this agreement, it may put the health of others and my job at risk.

Food Employee Name (please print) \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Manager (Person-in-Charge) Name (please print) \_\_\_\_\_

Signature of Manager \_\_\_\_\_ Date \_\_\_\_\_