

EMPLOYEE HEALTH POLICY AGREEMENT

Reporting: Symptoms and Exposure

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

OAC 3717-1

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

COVID-19

- Cough
- Shortness of Breath or difficult breathing

And two of the following:

- Fever
- Chills
- Muscle Pain
- Headaches
- Sore Throat
- New loss of smell or taste
- 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 E. coli

Note: The manager at a minimum must restrict employees with 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 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 Health Department's 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: _____

Employee Signature: _____ Date: _____