



Employee Health Policy Agreement

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 wounds/cuts or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small)

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhoid (typhoid fever)
3. Shigella spp. infection
4. E. coli infection (Escherichia coli 0157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Note: The manager must report to the Health Department when an employee has 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, typhoid fever, Shigella spp. infection, E. Coli infection, or Hepatitis A.
2. A household member with Norovirus, 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, 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 may be excluded or restricted from work. If you are *excluded from work you are not allowed 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 exhibiting symptoms of a sore throat with fever or for having jaundice, Norovirus, Salmonella, Typhoid (typhoid fever), Shigella spp. infection, E. Coli infection and/or Hepatitis A, you will not be able to return to work until the Health Department approval is granted.

Agreement: I understand that I must:

1. Report when I have or have been exposed to any of the symptoms listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.