

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

- 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
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Repeated shaking with chills
- Chills
- Headache

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

- 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 | • Shigella spp. | • Salmonella spp. |
| • Giardia | • Cyclospora | • Yersinia |
| • Salmonella Typhi | • Norovirus | • Enterohemorrhagic or Shiga toxin-producing Escherichia coli |
| • Cryptosporidium | • Vibrio cholera | |
| • Hepatitis A Virus | • Entamoeba histolytica | |

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 _____

Date _____