



Employee Health Policy Agreement

Pursuant to Ohio Administrative Code 3717-1-02.1 (A)

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

- Vomiting
- Diarrhea
- Jaundice
- Sore throat with fever
- Lesion/infected wound (unless protected by impermeable cover)

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

- An outbreak of reportable illnesses
- A household member having reportable illnesses
- A household member attending or working in a setting with an outbreak

Note: The manager must actively restrict/exclude the duties of an employee with these symptoms

I agree to report to the manager if diagnosed with or exposed to:

- Campylobacter
- Cryptosporidium
- Cyclospora
- Entamoeba histolytica
- Giardia
- Hepatitis A
- Norovirus
- Salmonella spp.
- Salmonella Typhi
- Shigella
- Vibrio cholera
- Yersinia
- Shiga toxin-producing Escherichia coli

Note: The manager must actively restrict/exclude the duties of an employee with these symptoms AND report the illness to the licenser (Health District).

Returning to work:

The manager may remove the restriction/exclusion if employee is released by a health care provider or by approval of the licenser (Health District).

The manager may also remove the restriction if:

- It was due to the symptoms listed above and the symptoms have ceased
- The illness was not from an infectious disease agent listed above

Agreement:

I understand that I must:

- Report when I have and or have been exposed to any of the symptoms or illnesses 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.

**** PLEASE SEE BACK OF SHEET FOR EMPLOYEES SIGNATURES ****

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