



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 restrict 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 restrict/exclude the duties of an employee who is diagnosed with these illnesses

The manager may remove the restriction/exclusion if employee is released by a health care provider or by approval of the 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

I understand that compliance with this Agreement is mandatory. If I do not comply, it may:

- Put the public at risk
- Result in my termination from this position

Food Employee Name _____

Signature of Employee _____

Date _____

Manager (Person-in Charge) Name _____

Signature of Manager _____

Date _____

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