

Employee Health Policy Agreement

OHIO ADMINISTRATIVE CODE FOOD PROTECTION RULE 3717-1-02.1

Food employees and conditional employees must be informed in a verifiable manner of their responsibility to report to the person in charge information about their health as it relates to diseases that are transmissible through food.

Reporting: Symptoms of Illness

I agree to report to the manager or person in charge when I have:

1. Vomiting
2. Diarrhea
3. Jaundice (yellowing of the eyes and/or skin)
4. Sore throat with a fever
5. Open or draining lesions containing pus, such as a boil or infected wound

*With any of the above symptoms, the food employee shall be restricted from food handling duties until 24 hours after symptoms have ceased.

Reporting: Diagnosed Illnesses

I agree to report to the manager or person in charge when I have been diagnosed with:

- | | |
|--------------------------|----------------------|
| 1. Campylobacter | 8. Norovirus |
| 2. Cryptosporidium | 9. Salmonella spp. |
| 3. Cyclospora | 10. Salmonella Typhi |
| 4. Entamoeba histolytica | 11. Shigella |
| 5. E Coli Infection | 12. Vibrio cholera |
| 6. Giardia | 13. Yersinia |
| 7. Hepatitis A | |

***The manager or person in charge must report to the local health department when an employee has one of the confirmed illnesses listed above. (Belmont County Health Department 740-695-1202)**

Reporting: Exposure of Illness

I agree to report to the manager or person in charge when I have been exposed to any of the illnesses listed above through:

1. Previously having been diagnosed with a foodborne illness due to Salmonella Typhi by a health care provider within the past three months.
2. Consumed or prepared food implicated in a confirmed outbreak.
3. Attended or work in a setting confirmed with a disease outbreak.
4. Live in the same household and has knowledge about an individual who works or have attended a setting where there is a confirmed disease outbreak.

Exclusion and Restriction from Work

If you are excluded from work you are not allowed to come to work. If you are restricted from work you are allowed to come to work; however, duties will be limited to tasks that do not include handling of food and food contact surfaces.

Agreement

I understand that I must:

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

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (Please Print): _____

Signature of Employee & Date: _____

Manager (Person in Charge) Name (Please Print): _____

Signature of Manager (Person in Charge) & Date: _____