



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)

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

- 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 following illnesses

COVID-19

- New cough
- Shortness of breath or difficult breathing
- New loss of taste and/or smell

And two of the following:

- | | |
|------------------------|----------------------------|
| • Fever | • Headache |
| • Chills | • Abdominal pain |
| • Tiredness | • Nausea |
| • Sore throat | • Congestion or Runny nose |
| • Muscle or Body aches | |

Reporting: Diagnosed Illnesses

I agree to report to the manager if diagnosed with:

- | | | | |
|--|---------------------|------------------|-----------------------------|
| • Campylobacter | • Cryptosporidium | • Cyclospora | • Entamoeba histolytica |
| • Giardia | • Hepatitis A virus | • Norovirus | • Salmonella (nontyphoidal) |
| • Salmonella Typhi | • Shigella spp. | • Vibrio cholera | • Yersina |
| • Enterhemorrhagic or Shiga toxin-producing Escherichia coli | | | |

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 Stark County 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 Stark County 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 will put the public at risk and may result in termination.

Employee Name _____

Signature of Employee _____ Date _____

