



Licking County  
**Health Department**

675 Price Road • Newark, Ohio 43055  
Business: (740) 349-6535 • Fax: (740) 349-6510  
[www.LickingCoHealth.org](http://www.LickingCoHealth.org)

## Employee Health Policy Agreement Example (Including COVID-19 Symptoms)

### Reporting Symptoms of Illness

I agree to report to the manager when I have any of the following:

- Vomiting
- Diarrhea
- Jaundice (yellowing of the skin and/or eyes)
- Sore throat with fever
- Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part
- COVID-19 Symptoms
  - Fever (greater than or equal to 100.4 deg F)
  - Persistent cough, chills, muscle aches, headache, loss of taste or smell, shortness of breath and/or difficulty breathing.

### Reporting Diagnosed Illness

I agree to report to the manager when I have been diagnosed ill due to any of the following infectious agents:

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

**Note:** The person-in-charge must report to the Health Department when an employee has one of the above-listed illnesses.

I must report to the manager if I had a previous illness, diagnosed by a health care provider, within the past three months due to **Salmonella Typhi**, without having received antibiotic therapy, as determined by a health care provider.

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### Reporting Exposure to an Illness

I agree to report to the manager if I have been exposed to, or am the suspected source of, a confirmed disease outbreak because I consumed food at an event prepared by a person who is infected or ill with:

- Norovirus within the past forty-eight hours of last exposure
- Enterohemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. within the past three days of the last exposure
- Salmonella Typhi within the past fourteen days of the last exposure
- Hepatitis A virus within the past thirty days of last exposure

I agree to report to the manager if I have been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

- Norovirus within the past forty-eight hours of last exposure
- Enterohemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. within the past three days of the last exposure
- Salmonella Typhi within the past fourteen days of the last exposure
- Hepatitis A virus within the past thirty days of last exposure

### Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded\*** or **restricted\*\*** from work by the person-in-charge.

- *\* 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, but your duties may be limited.*

### Returning to Work

You may return to work if you have been released by a health care provider or by approval of the licenser. You may seek approval to work by contacting the person-in-charge if you were restricted due to symptoms listed in the "Reporting Symptoms of Illness" section and these symptoms have ceased, provided that the illness was not caused by an infectious agent listed in the "Reporting Diagnosed Illness" section.

### Agreement

I understand that I must report when I have or have been exposed to any of the symptoms or illnesses listed above and comply with the work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, I may be subject to discipline or termination.

Food Employee Name (please print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Person-in-Charge Name (please print) \_\_\_\_\_

Signature of Person-in-Charge \_\_\_\_\_ Date \_\_\_\_\_