



## 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)

#### COVID-19

- Cough
- Shortness of breath or difficult breathing

And two of the following

- Fever
- Muscle pain
- Sore throat
- New loss of taste or smell
- Repeated shaking with chills
- Chills
- Headaches

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 illnesses

### Reporting: Diagnosed Illnesses

I agree to report to the manager if diagnosed with:

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

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 Carroll County General Health District.

### 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 Carroll County General Health District **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 may put the public at risk and can result in termination.

Employee Name \_\_\_\_\_

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