

Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. **Diarrhea**
2. **Vomiting**
3. **Sore throat with fever**
4. Jaundice (yellowing of skin and/or eyes)
5. Infected cuts or wounds, boils or lesions containing pus on hands, wrists or arms

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until **more than 24 hours have passed** since your last symptoms.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of skin/eyes), Norovirus, Typhoid fever, Salmonellosis, *Shigella* spp. Infection, *E. coli* infection, and /or Hepatitis A, you will not be able to return to work until **Riverstone Health grants approval**.

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed on this page; 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.

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. *Salmonella* Typhi (typhoid fever), or Salmonellosis
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Note: The manager must report to Riverstone Health when an employee has one of the above listed illnesses.

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above by:

- ◆ **An outbreak** of Norovirus, typhoid fever, Salmonellosis, *Shigella* spp. Infection, *E. coli* infection or Hepatitis A, or if
- ◆ **Household member has been diagnosed with or exposed to:** Norovirus, typhoid fever, Salmonellosis, *Shigella* spp. Infection, *E. coli* infection or Hepatitis A,

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded*** or **restricted**** from work.

- **Excluded means you are not allowed to come to work.*
- ***Restricted means you can come to work, but your duties may be limited*

Food Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-charge) Name (Please print) _____

Signature of Manager (Person-in-charge) _____ Date _____

Sample provided courtesy of the Environmental Health Services at: