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.
- Campylobacter, Salmonella spp.

- Cyclospora
- Norovirus
- Vibrio cholera
- Entamoeba histolytica

- Giardia
- Hepatitis A virus
- Shigella spp.
- Campylobacter, Salmonella spp.

- Enterohemorrhagic or Shiga toxin-producing Escherichia coli
- Campylobacter, Salmonella spp.

- Hepatitis A virus
- Shigella spp.

- Entamoeba histolytica
- Salmonella spp.

- Enterohemorrhagic or Shiga toxin-producing Escherichia coli
- Campylobacter, Salmonella spp.

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 Cleveland Department of Public Health.

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 Cleveland Department of Public Health 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 (Print) _______________________________________________________

Signature of Employee ___________________________ Date ___________________________