

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Employee Health Policy Agreement

Reporting: Symptoms of Illnesses

I agree to report to the manager or person in charge when I have:

1. Vomiting
2. Diarrhea
3. Jaundice (yellowing of the eyes and/or skin)
4. Sore throat with a fever
5. Open or draining lesions containing pus such as a boil or infected wound

***With any of the above symptoms, the food employee shall be restricted from food handling duties until 24 hours after symptoms have ceased.**

Reporting: Diagnosed Illnesses

I agree to report to the manager or person in charge when I have been diagnosed with:

- | | |
|--------------------------|----------------------|
| 1. Campylobacter | 8. Norovirus |
| 2. Cryptosporidium | 9. Salmonella spp. |
| 3. Cyclospora | 10. Salmonella Typhi |
| 4. Entamoeba histolytica | 11. Shigella |
| 5. E Coli Infection | 12. Vibrio cholerae |
| 6. Giardia | 13. Yersinia |
| 7. Hepatitis A | |

***The manager or person in charge must report to the local health department when an employee has one of the confirmed illnesses listed above.**

***The employee shall be excluded from work until approval by the local health department.**

Reporting: Exposure of Illness

I agree to report to the manager or person in charge when I have been exposed to any of the illnesses listed above through:

1. Previously having been diagnosed with a foodborne illness due to Salmonella Typhi by a health care provider within the past three months.
2. Consumed or prepared food implicated in a confirmed outbreak.
3. Attended or work in a setting confirmed with a disease outbreak.
4. Live in the same household and has knowledge about an individual who works or have attended a setting where there is a confirmed disease outbreak.

Exclusion and Restriction from Work

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, however, duties will be limited to tasks that **do not** include handling of food and food contact surfaces.

Agreement

I understand that I must:

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

Food Employee Name (Please Print): _____

Signature of Employee & Date: _____

Manager (Person in Charge) Name (Please Print): _____

Signature of Manager (Person in Charge) & Date: _____

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Terrence M. Allan, R.S., M.P.H. Health Commissioner