

## Employee Illness Policy

### Symptoms of Illness:

I agree to tell a manager when I have any of the following symptoms:

- Diarrhea
- Vomiting
- Jaundice
- Sore throat with fever
- Fever
- Infected cuts or wounds on hand or wrist

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

**Employee Initials** \_\_\_\_\_

### Diagnosed Illnesses:

If you are diagnosed with any of the following illnesses, you must report it to a manager.

- Norovirus
- *Salmonella*
- *Shigella*
- *E. coli*
- *Hepatitis A*
- *Campylobacter*

*A manager must report when an employee has any of these illnesses to the Health Department.*

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

**Employee Initials** \_\_\_\_\_

### Exposure to Illness:

I will tell a manager if I have been exposed to any the illnesses listed above.

**Employee Initials** \_\_\_\_\_

### Exclusion and Restriction from Work:

\* Excluded – you are not allowed to come to work.

\*\* Restricted – you are allowed to come to work, but you will not be allowed to handle food.

**Employee Initials** \_\_\_\_\_

### Returning to work:

You must be symptom free for a minimum of 24 hours prior to returning to work.

If you have been diagnosed with any of the illnesses listed below, you will not be able to return to work until approved by the Health Department.

**Employee Initials** \_\_\_\_\_

### Agreement:

I have read and understand the requirements concerning my responsibilities when I am ill and agree to:

1. Report any symptoms or illnesses to a manager.
2. Follow any work exclusions or restrictions that are placed upon me.

Employee name (please print) \_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Manager name (please print) \_\_\_\_\_

Manager signature \_\_\_\_\_ Date \_\_\_\_\_