

EMPLOYEE HEALTH POLICY AGREEMENT

Reporting Symptoms of Illness

The employee agrees to report to the manager when experiencing *ANY* of the following symptoms:

- Diarrhea
- Stomach cramps
- Vomiting
- Sore throat and fever
- Jaundice
- Infected cuts, wounds or boils with pus on the hands or wrists

Manager notifies the local health department when aware of 2 or more food employees ill with gastrointestinal symptoms and continue to monitor employees for signs of illness.

Reporting Diagnosed Illness

Employee agrees to report to the manager when they have been diagnosed by a medical professional with:

- Norovirus
- E. Coli
- Hepatitis A
- Shigella spp.
- Salmonella Typhi (typhoid fever)
- Nontyphoidal Salmonella
- Any other communicable diseases transmissible through food

Manager notifies local health department about an employee with a diagnosed illness.

If Symptoms of Illness Occurs

If symptoms occur at work:

- Stop work immediately
- Report to management
- See a physician
- Go home, return to work after 48-72 hours has passed since symptoms ended.

If symptoms occur before reporting to work:

- Notify management
- Do not report to work until at least 48 hours has passed since symptoms have ended

Call-In Procedure

Manager must maintain a detailed record of all employee calls with acute gastrointestinal symptoms and action taken. Manager has final approval on all employees returning to work and verifying they have been symptom free for at least 48 hours prior to return.

If Diagnosed Illness Occurs

- If employee is restricted from work they are allowed to come to work, but their work duties may be limited to (non-food handling and non-utensil handling).
- If the employee is excluded from work, they are NOT allowed to come to work.
- If employee is excluded from work for being diagnosed with one of the illness listed above the employee will not be able to return to work until Health Department and Health Officer Approval is granted.

Manager may restrict or exclude employee from work based on the type of symptoms reported and the severity.

No employee of (food facility) _____ shall work with any of the above listed health conditions, per (food facility) _____ Policy and State and Local Health Department food safety regulations.

I have read and understand all of the information contained in this document. *I understand that I have a responsibility to follow each step and will be held accountable according to R392-100 Utah Food Service Sanitation Rule.* I also understand that these safety procedures are in place to protect me, other Employees and our Guests, as well as the (food facility) _____.

Employee
Signature: _____ Date: _____

Manager Signature: _____
Date: _____