



HEALTH DISTRICT

# Portage County Combined General Health District

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Joseph Diorio, MPH, MS, RS, Health Commissioner

## Employee Health Policy Agreement

Pursuant to Ohio Administrative Code 3717-1

### I agree to report to the manager when I have the following symptoms:

- Vomiting • Diarrhea • Jaundice • Sore throat with fever
- Lesion/infected wound (unless protected by impermeable cover)

Or have been exposed to any of the illnesses listed below through:

- An outbreak of reportable illnesses
- A household member having reportable illnesses
- A household member attending or working in a setting with an outbreak

**Note: The manager must actively restrict/exclude the duties of an employee with these symptoms**

### I agree to report to the manager if diagnosed with or exposed to:

- |  |                   |                  |                         |
|--|-------------------|------------------|-------------------------|
| • Campylobacter                          | • Cryptosporidium | • Cyclospora     | • Entamoeba histolytica |
| • Giardia                                | • Hepatitis A     | • Norovirus      | • Salmonella spp.       |
| • Salmonella Typhi                       | • Shigella        | • Vibrio cholera | • Yersinia              |
| • Shiga toxin-producing Escherichia coli |                   |                  |                         |

**Note: The manager must actively restrict/exclude the duties of an employee with these symptoms AND report the illness to the licensor (Health Department).**

### Returning to work:

The manager may remove the restriction/exclusion if employee is released by a health care provider or by approval of the licensor (Health Department).

The manager may also remove the restriction if:

- It was due to the symptoms listed above and the symptoms have ceased
- The illness was not from an infectious disease agent listed above

### 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.

Food Employee Name \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

Manager (Person-in Charge) Name \_\_\_\_\_

Signature of Manager \_\_\_\_\_

Date \_\_\_\_\_