



Public Health
Prevent. Promote. Protect.

Youngstown City Health District

YOUNGSTOWN CITY HEALTH DISTRICT

Oakhill Renaissance Place
345 Oak Hill Avenue, Suite 200
Youngstown, Ohio 44502-1450

Employee Health Policy Agreement

OHIO ADMINISTRATIVE CODE FOOD PROTECTION RULE 3717-1-02.1

Food employees and conditional employees must be informed in a verifiable manner of their responsibility to report to the person in charge information about their health as it relates to diseases that are transmissible through food.

Reporting: Symptoms of Illness

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 cholera |
| 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.**

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: _____