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 of 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) ____________________________________________ Date ____________________________
Employee signature ____________________________________________________
Manager name (please print) ____________________________________________
Manager signature ____________________________________________ Date ____________________________