



Public Health
Prevent. Promote. Protect.

Tuscarawas County
Health Department

Employee Health Policy Agreement

Reporting: Symptoms and Exposure of Illness

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

OAC 3717-1

- Vomiting
- Diarrhea
- Jaundice
- Sore Throat with Fever
- Lesion/Infected Wound (depends on covering)

COVID-19

Have one or both symptoms:

- Cough
- Shortness of breath or difficult breathing

Have at least two of the following:

- Fever
- Chills
- Muscle pain
- Headaches
- Sore throat
- New loss of taste or smell

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

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

Reporting:

Diagnosed Illnesses I agree to report to the manager if diagnosed with:

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

Note: The manager at a minimum must restrict employees with the symptoms. If an employee has been diagnosed by a doctor with one of the above illnesses, then the manager must actively restrict/exclude employees AND report to the Licensor (Health Department). Returning to Work If you are excluded from work for exhibiting symptoms and/or illnesses listed above, you will not be able to return to work until the symptoms have ended and/or the Licensor (Health Department) approval is granted.

Returning to Work:

If you are excluded from work for exhibiting symptoms and/or illnesses listed above, you will not be able to return to work until the symptoms have ended and/or the Licensor (Health Department) approval is granted.

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.

Employee Name _____

Signature of Employee _____ Date _____

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Dover, OH 44622

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