EMPLOYEE ILLNESS POLICY

Facility Name:		Date Created:
 Ohio Law Requirements: OAC §3717-1-02.4: The person-in-charge should ensure that food employees and conditional employees are informed in a verifiable manner of their responsibility to report in accordance with this chapter, to the person in charge, information about their health as it relates to diseases that are transmissible through food as specified under paragraph (A) of rule 3717-1-02.1 of the OAC OAC §3717-1-02.1: All food employees are required by Ohio law to report to the person in charge before beginning their shift if they have any of the following symptoms or diseases: 		
Symptoms: - Vomiting - Diarrhea - Jaundice	- Sore throat with fever - Lesions containing pus on the hands, wr	rists or exposed body parts
symptom free. - Employees that are exp cannot be kept clean ar - Employees that have be facility. Exclusion due to	- Campylobacter - Shigella - Vibrio Cholerae - Cryptosporidium - Cyclospora F Job Duties: Deriencing any of the above symptoms must be received and bandaged must be RESTRICTED until the een diagnosed with any of the above disease being diagnosed with one of the above distance professional or the local health depart	nds, wrists or exposed body parts that hey can be kept clean and bandaged. ses must be EXCLUDED from the seases will be lifted once employee has
 Exclusion vs. Restriction Exclusion: To prevent a person from working as a food employee or entering a food establishment, except for those areas open to the general public. Restriction: To limit the activities of the food employee by making sure that they do not work with exposed food, clean equipment, utensils, linens, and unwrapped single-service or single-use articles. Examples of work the employee is allowed to do include taking out the trash and bringing the dirty dishes back to the kitchen to be washed. 		
and comply with work restriction	when I have or have been exposed to any one (allowed to come to work, but duties may re given to me. I understand that if I do not in termination.	y be limited) and/or exclusions (not

_____ Employee Signature: ____



Employee Name: ____