

Employee Health Policy Training and Agreement - COVID-19

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Cough
2. Shortness of breath or difficulty breathing
3. Fever
4. Chills
5. Muscle pain
6. Sore throat
7. New loss of taste or smell

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Consulted my physician and have been directed to obtain a COVID-19 screening
2. Have completed a COVID-19 screening and the results are positive
3. Been exposed to a COVID-19 positive individual and my physician recommends 14 day quarantine

Note: The manager must report to the Health Department when an employee has one of these illnesses.

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. A household member with COVID-19
2. A household member attending or working in a setting and was exposed to positive cases of COVID-19

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded* or restricted* from work.

*If you are excluded/restricted from work you are not allowed to come to work.

Returning to Work

If you are excluded from work for having COVID-19, you will not be able to return to work until more than 14 days have passed or you have a physician's authorization that you are no longer a risk to the public or your co-workers.

If you are excluded from work for exhibiting symptoms COVID-19,, you will not be able to return to work until you have a physician's authorization that you are no longer a risk to the public or your co-workers and Health Department approval is granted.

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms of COVID-19 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 _____