

# Employee Health Reporting Requirements

(Ohio Administrative Code 3717-1-2.1)

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Facility Name

**Food employees and conditional employees are to report to the person in charge (PIC) when the employee have any of the following symptoms:**

Vomiting	Jaundice (yellowing of skin or whites of eyes)	Exposed lesion with pus that is not properly protected
Diarrhea	Sore throat with fever	

The person in charge will **exclude or restrict** the employee to reduce the risk of foodborne disease transmission. These all require **exclusion** except for sore throat and fever which only restricts food service workers from handling food unless they work with a high risk population.

Exclusion = May not come to work

Restriction = May work but not with food or food related equipment

**Has an illness diagnosed by a health care provider due to:**

Campylobacter	Cryptosporidium	Cyclospora	Entamoeba histolytica
Shiga toxin-producing Escherichia coli (STEC)	Giardia	Hepatitis A	Norovirus
Salmonella spp.	Shigella	Vibrio cholerae	Yersinia
Salmonella typhi			

The person in charge is required to contact the Ottawa County Health Department (419) 734-6800, division of environmental health, to report a physician diagnosed illnesses listed above.

**Is living in the same household as an individual diagnosed with the following illnesses or Has recently been part of a confirmed disease outbreak for the following illnesses:**

Norovirus within last 48 hours of exposure	Shiga toxin-producing Escherichia coli (STEC) within past 10 days of last exposure
Hepatitis A within the last 50 days of the last exposure	Salmonella Typhi within last 14 days of last exposure
Shigella spp. within the past 4 days of the last exposure	

The person in charge is required to contact the Ottawa County Health Department (419) 734-6800, division of environmental health, to report a physician diagnosed illnesses listed above.

\*\*\*\*\*TURN OVER\*\*\*\*\*

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Due to **COVID-19** and the new requirements for food service operations and retail food establishments, food employees and conditional employees must perform daily symptoms assessment that include:

Cough	Shortness of breath or difficulty breathing
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**And two of the following symptoms:**

Fever	Chills	Muscle pain
Repeated shaking with chills	Headaches	Sore throat
New loss of taste or smell		

The person in charge must require food employees to stay at home if symptomatic and perform daily symptom assessment requirements before returning to work.

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I have read and understand the Employee Health Reporting Requirements as indicated above and I agree to report to the Person in Charge if:

- I have any of the symptoms as indicated above, either while at work or outside of work, including the date the symptoms first started;
- I have been diagnosed by a health care provider with any of the above listed illnesses;
- I had a previous illness, diagnosed by a health care provider, within the past three months due to Salmonella Typhi, without having received antibiotic therapy;
- I am the suspected cause of, or exposed to a confirmed disease outbreak; attend or work in a setting where there is a confirmed disease outbreak; live in the same household with a person diagnosed with an illness as listed above; or live in the same household with a person who attends or works in a setting of a confirmed outbreak of the illnesses as described above.

**Conditional Employee Name (please print)** \_\_\_\_\_

**Signature of Conditional Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Food Employee Name (please print)** \_\_\_\_\_

**Signature of Food Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Person in Charge (please print)** \_\_\_\_\_

**Signature of PIC** \_\_\_\_\_ **Date** \_\_\_\_\_