



Food Protection Procedure EMPLOYEE ILLNESS POLICY

Facility Name: _____

Date Created: _____

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
- Sore Throat with Fever
- Jaundice
- Lesions containing pus on the hands, wrists, or exposed body parts

DISEASES:

- | | |
|-------------------------|--|
| - Campylobacter | - Salmonella Typhi |
| - Cryptosporidium | - Non-Typhoidal Salmonella |
| - Cyclospora | - Shigella |
| - Entamoeba Histolytica | - Shiga toxin-producing Escherichia coli |
| - Giardia | - Vibrio Cholerae |
| - Hepatitis A | - Yersinia |
| - Norovirus | |

EXCLUSION OR RESTRICTION OF JOB DUTIES:

Employees that are experiencing any of the above symptoms or have been diagnosed with any of the above diseases will be: Excluded or Job duties restricted

Exclusion or restriction of job duties due to experiencing any of the above symptoms will be lifted after:

Exclusion or restriction of job duties due to being diagnosed with one of the above diseases will be lifted once employee has been cleared by a healthcare professional or the local health department.

I have read this document and understand my responsibility to report symptoms/illnesses to management per Ohio Food Safety Code.

Signature: _____

Date: _____