Example Employee Health Policy

Establishment name:_____

Establishment location: _____

The purpose of this agreement is to inform current and/or conditional employees of this food establishment of the responsibility to notify the person in charge (PIC) when they experience any of the conditions listed so the PIC can take appropriate steps to prevent the transmission of foodborne illness.

I agree to report these symptoms whether they occur at work **or** outside of work:

1) Vomiting;

2) Diarrhea;

3) Jaundice;

4) Sore throat with fever;

5) Infected cuts, wounds, or lesions containing pus on exposed parts of the body (e.g. hands, wrists, etc.)

I understand that if I am experiencing diarrhea and vomiting, I will not be able to return to work for at least **48hrs after the symptoms have stopped.**

I agree to report if I am diagnosed as being ill with (Any one of the BIG SIX) Norovirus, Typhoid Fever caused by Salmonella typhi, Shigella, shiga toxin-producing Escherichia coli (STEC), Hepatitis A or Nontyphoidal Salmonella or any other communicable disease that is considered reportable as required in Michigan.

I agree to follow all employee health, restrictions, exclusions and reporting requirements as required in the Michigan Food Code, section 2-2 employee health.

Current/Conditional Food Employee Initial Name: _____

Current/Conditional Food Employee Initial Signature:_____Date:_____

Food Establishment Representative Name:_____

Food Establishment Representative Signature:_____Date:_____