



PUBLIC HEALTH IS PRICELESS

# VERMILION COUNTY HEALTH DEPARTMENT

HEALTH AND EDUCATION BUILDING  
200 SOUTH COLLEGE, SUITE A  
DANVILLE, IL 61832  
PHONE/TDD 217 431-2662  
FAX 217 431-7483  
www.vchd.org

## Employee Health Policy Agreement

### Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Vomiting
2. Diarrhea
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds)

### Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. Hepatitis A
3. Shigella spp. Infection
4. Shiga toxin-producing E. coli
5. Salmonella Typhi (typhoid fever)
6. Nontyphoidal Salmonella

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. An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

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 from work you are not allowed to come to work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A, you will not be able to return to work until 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 or illnesses 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 \_\_\_\_\_