



# Riesbeck Food Markets, Inc. Corporate Office

48661 National Road • St. Clairsville, OH 43950-9701 • 740-695-7050

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## Employee Health Policy Agreement

### Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
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, however small)

### Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. Infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

*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 permitted to come to work.

\*\*If you are restricted from work, you are permitted 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 Typhi (typhoid fever),



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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 \_\_\_\_\_