



# Employee Health Log

**Food employees *and* conditional food employees are required by law to report any illness to the person in charge. If you experience any of the following symptoms or are diagnosed with any of the following illnesses, you **MUST** report it immediately (OAC 3717-1-2.1).**

1. Acute gastrointestinal infection or illness and its associated symptoms. The employee must report information in a manner that allows the person in charge to reduce the risk of foodborne disease transmission. He/she must be restricted from food handling duties as dictated by the Ohio Uniform Food Safety Code.

<input type="checkbox"/> Vomiting	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sore throat with fever

A lesion containing pus, such as a boil or infected wound, that is open or draining. The employee must be treated and the wound protected by the following:

- On hands or wrists, an impermeable cover such as a finger cot or stall, and a single-use glove must be worn over the impermeable cover at all times.
- On exposed portions of arms, an impermeable cover.
- On other parts of the body, a dry, durable, tight-fitting bandage.

2. Thirteen (13) mandatory reportable illnesses when diagnosed by a health care provider must be reported to person in charge and the Health Department.

<input type="checkbox"/> Campylobacter spp.	<input type="checkbox"/> Giardia	<input type="checkbox"/> Salmonella Typhi
<input type="checkbox"/> Cryptosporidium	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Shigella
<input type="checkbox"/> Cyclospora	<input type="checkbox"/> Norovirus	<input type="checkbox"/> Vibrio cholera
<input type="checkbox"/> Entamoeba histolytica	<input type="checkbox"/> Salmonella spp.	<input type="checkbox"/> Yersinia
<input type="checkbox"/> Enterohemorrhagic or Shiga toxin-producing Escherichia coli (E. coli)		

3. Had a past illness from, diagnosed by a health care provider, within the past 3 months due to Salmonella Typhi, without having received antibiotic therapy, as determined by a health care provider;
4. Has been exposed to, or is the suspected source of, a confirmed disease outbreak because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected or ill with:
  - Norovirus within the past 48 hours of the last exposure;

- Enterohemorrhagic or Shiga toxin-producing E. coli, or Shigella spp. within the past 3 days of the last exposure;
  - Salmonella Typhi within the past 14 days of the last exposure; or
  - Hepatitis A virus within the past 30 days of the last exposure.
5. Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:
- Norovirus within the past 48 hours of the last exposure;
  - Enterhemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. with past 3 days of the last exposure;
  - Salmonella Typhi within the past 14 days of the last exposure;
  - Hepatitis A virus within the past 30 days of the last exposure

Employee Name: _____	Signature: _____
Parent/Guardian Signature <i>if employee is a minor</i> : _____	
Person in Charge: _____	Signature: _____
Date: _____	

Date of Illness	Illness/Agent	Diagnosing Physician	Treatment/ Corrective Action	Date Returned to Work	Person in Charge

**KEEP EMPLOYEE HEALTH LOG IN A CONFIDENTIAL FILE FOR REPORTING**

For questions or more information, please contact:  
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