



Public Health
Prevent. Promote. Protect.

Canton City Public Health
Environmental Health

COVID-19 Reporting Agreement

I agree to report to the Person In Charge when I have the following symptoms:

Cough
Shortness of breath or difficult breathing

And two of the following:

Fever
Chills
Muscle Pain
Headaches
Sore Throat
New lost of taste or smell
Repeated shaking with chills

I agree to report to the Person In Charge if I have been exposed to any illnesses through

- An outbreak of reportable illnesses
- A household member having a reportable illness(es)
- A household member attending or working in a setting with an outbreak of any of the illnesses

Returning to work:

If you are excluded from work for exhibiting symptoms and/or illnesses listed above, you will not be able to return to work until the symptoms have ended and/or the **Licensor** (Health Department) **approval** is granted.

I agree to report to the “Person in Charge” any time I am experiencing any of the symptoms or diseases listed above. I agree to comply with work restrictions given to me. I understand that failure to do so may put my job and the public at risk. I have read and understand the above employee illness reporting policy.

Food Employee Name (please print): _____

Signature of Food Employee: _____ Date _____

05/08/2020



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*This agency is an equal provider of services and an equal opportunity employer.
Promoting and protecting health since 1849.*