



Department of Public Health and Human Services

Public Health and Safety Division ♦ PO Box 202951 ♦ 1400 Broadway ♦ Helena, MT 59602-2951

Phone: (406) 444-4141 ♦ Fax: (406) 444-5055

Steve Bullock, Governor

Sheila Hogan, Director

Employee Health Agreement for COVID-19

Background

COVID-19 is a highly contagious viral illness that easily spreads through contact with others. Excluding sick employees from the workplace is one of the best defenses against community spread. This document is not a replacement for employee health and hygiene requirements in the Retail Food Law. Facilities are still required to restrict and exclude employees with symptoms of food-borne illnesses. Please consult the Food Code or your local health department for more information on those requirements, if needed.

This document is not a substitute for medical advice. If you have concerns about your health and COVID-19, please consult a medical provider. Indicator symptoms of COVID-19 may change as new information is discovered.

Agreement

I AGREE TO NOT WORK IF I HAVE, OR RECENTLY HAD:

1. A new dry cough
2. A newly identified shortness of breath or difficulty breathing

OR

Two or more of the following symptoms:

- | | |
|---------------------------------|-------------------------------|
| 1. Fever (above 100.4 °F) | 5. Headache |
| 2. Chills | 6. Sore throat |
| 3. Repeated shaking with chills | 7. New loss of taste or smell |
| 4. Muscle pain | |

I UNDERSTAND THAT OTHER SYMPTOMS MAY BE ASSOCIATED WITH COVID-19 AND SHOULD BE CONSIDERED WHEN DETERMINING WHETHER TO WORK.

I UNDERSTAND THAT A DAILY SYMPTOM CHECK WILL BE REQUIRED BEFORE I BEGIN WORKING EACH SHIFT.

Employee Name

Employee Signature

Date

Person In Charge Name

Person In Charge Signature

Date