Student Health Policy Agreement

**Reporting Symptoms of Illness**

I agree to report to the instructor 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 instructor 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
6. Any communicable disease

**Reporting Exposure of Illness**

I agree to report to the instructor 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 class.

**Returning to Class**

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

If you are excluded from class 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), Shigella spp. Infection, E. coli infection, and/or Hepatitus A, you will not be able to return to class 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 restrictions and/or exclusions that are given to me.