

Removing Exclusion status for a food employee symptomatic with **Diarrhea**

Non-Medical Clearance Verification Form

Person-in-Charge	
Establishment Name & Address	
Establishment Phone #	
Symptomatic Food Employee	
Time diarrhea began	
Date of when diarrhea began	

Person-in-Charge, please initial the statement below that was used in removing the Exclusion status for the above named food employee.

____ The above named food employee has reported that he/she has been asymptomatic for at least 24 hours (the food employee has not had diarrhea for at least 24 hours from the time/date stated above). Additionally, the above named food employee has NOT been diagnosed with Norovirus, Shiga-Toxin producing E. coli, Hepatitis A, or Salmonella Typhi.

Person-in-Charge Signature: _____ **Date:** _____ **Time:** _____

Food Employee Signature: _____ **Date:** _____ **Time:** _____

