

Removing Exclusion status for a food employee diagnosed **Hepatitis A or Jaundice**

Non-Medical Clearance Verification Form

Person-In-Charge	
Establishment Name & Address	
Establishment Phone #	
Diagnosed Food Employee	
Diagnosis	
Date of Diagnosis	

Please check the statement below that was used in removing the Exclusion status for the above named food employee.

The above named food employee has been jaundiced for more than 7 calendar days;

The above named food employee is not jaundiced and has been symptomatic with symptoms other than jaundice for more than 14 calendar days

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

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

