

Removing the Restriction status for a food employee that was exposed to **Hepatitis A** and works in a Highly Susceptible Facility\*

Non-Medical Clearance Verification Form

<b>Person-in-Charge</b>	
<b>Establishment Name &amp; Address</b>	
<b>Establishment Phone #</b>	
<b>Food Employee Name</b>	
<b>Date of Exposure</b>	
<b>Today's Date</b>	

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

The above named food employee was Exposed to **Hepatitis A** and;

the above name food employee is immune to **Hepatitis A** virus infection because of a prior illness from **Hepatitis A**.

the above named food employee is immune to **Hepatitis A** virus infection because of vaccination against **Hepatitis A**.

the above named food employee is immune to **Hepatitis A** virus infection because of Immunoglobulin G (IgG) administration.

more than 30 calendar days have passed since the above named food employee was potentially exposed.



\_\_\_\_\_ more than 30 calendar days have passed since the above named food employee's household contact became jaundice.

**Person-in-Charge Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Food Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Highly Susceptible Facility - such as hospitals and nursing homes, assisted living facilities, child or adult day care centers, etc.