

Removing the Restriction status for a food employee that was exposed to **Shiga Toxin-Producing E. coli (STEC)** 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 **Shiga Toxin-Producing E. coli (STEC)** and;

\_\_\_ more than 3 calendar days have passed since the last day the above named employee was potentially exposed.

\_\_\_ more than 3 calendar days have passed since the above named employee's household contact became asymptomatic.

**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.

