

Removing Exclusion or Restriction status for a food employee diagnosed with **Shigella spp.**

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 Restriction or Exclusion status for the above named food employee.

___ The above named food employee was Excluded or Restricted after symptoms of vomiting or diarrhea resolved, and more than 7 calendar days have passed since the above named food employee became asymptomatic.

___ The above named food employee was Excluded or Restricted and did not develop symptoms and more than 7 calendar days have passed since the above name food employee was diagnosed.

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

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

