

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

Non-Medical Clearance Verification Form

Person-in-Charge	
Establishment Name & Address	
Establishment Phone #	
Symptomatic Food Employee	
Time vomiting began	
Date of when vomiting 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 vomited for at least 24 hours from the time/date stated above). Additionally, the above named food employee has NOT been diagnosed with Norovirus, Shigella spp., Shiga-Toxin producing E. coli, Hepatitis A, or Salmonella Typhi.

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

Food Employee Signature: _____ Date: _____ Time: _____

