Removing Restriction status for a food employee with an infected wound or pustular boil

Non-Medical Clearance Verification Form

<table>
<thead>
<tr>
<th>Person-in-Charge</th>
<th>Establishment Name &amp; Address</th>
<th>Establishment Phone #</th>
<th>Diagnosed Food Employee</th>
<th>Diagnosis</th>
<th>Date of Diagnosis</th>
</tr>
</thead>
</table>

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

The above named food employee’s skin, infected wound, cut or pustular boil was covered by;

___ an impermeable cover such as a finger cot or stall and a single-use glove over the impermeable cover if the infected wound or pustular boil is on the hand, finger, or wrist.

___ an impermeable cover on the arm if the infected wound or pustular boil is on the arm.

___ a dry, durable, tight-fitting bandage if the infected wound or pustular boil is on another part of the body.

Person-in-Charge Signature: ___________________________ Date: ______________

Food Employee Signature: ___________________________ Date: ______________