

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

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 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:** _____

