

Removing the Restriction status for a food employee that was exposed to **Shigella spp.** and works in a Highly Susceptible Facility*

Non-Medical Clearance Verification Form

Person-in-Charge	
Establishment Name & Address	
Establishment Phone #	
Food Employee Name	
Date of Exposure	
Today's Date	

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 **Shigella spp.** 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.

