

Removing Exclusion or Restriction status for a food employee with **nontyphoidal Salmonella**

Non-Medical Clearance Verification Form

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

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

The above named food employee was Restricted after symptoms of vomiting or diarrhea resolved, and more than 30 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 30 days have passed since the above named food employee was diagnosed.

**Person-in-Charge Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Food Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

