

Removing Exclusion or Restriction status for a food employee diagnosed with **Norovirus**

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 or Exclusion status for the above named food employee.

___ The above named food employee was Excluded or Restricted after symptoms of vomiting or diarrhea resolved, and more than 48 hours 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 48 hours have passed since the above named food employee was diagnosed.

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

Food Employee Signature: _____ **Date:** _____

