

Form 3: Foodservice Employee Medical Referral

The foodservice employees must obtain medical clearance from a healthcare provider whenever the employee:

1. Is suffering from a symptom such as diarrhea or vomiting
2. Has a current diagnosis of *E. coli*/STEC, Hepatitis A virus, Norovirus, *Salmonella*, and *Shigella*
3. Reports past illness involving *Salmonella* within the past 3 months

Foodservice employee being referred (please print) _____

Is the employee assigned to a food establishment that serves a highly susceptible population (HSP), such as a day care center, a hospital kitchen, or an assisted living facility or nursing home? Yes or No

Check Reason for Medical Referral Below:

	Is chronically suffering from vomiting or diarrhea, specify
	Diagnosed or suspected <i>E. coli</i> /STEC, Hepatitis A, Norovirus, <i>Salmonella</i> , or <i>Shigella</i> , specify
	Reported past illness from <i>Salmonella</i> within the past 3 months, date of illness
	Other medical condition of concern per the following description

Alabama Healthcare Provider Conclusion checked below, my patient is:

	Free of <i>E. coli</i> /STEC, Hepatitis A virus, Norovirus, <i>Salmonella</i> , and <i>Shigella</i> , and may work as an employee without restrictions.
	Asymptomatic shedder of <i>E. coli</i> /STEC, Norovirus, or <i>Shigella</i> and is restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in food establishments that do not serve HSP.
	Not ill but continues as an asymptomatic shedder of <i>E. coli</i> /STEC and <i>Shigella</i> and should be excluded from food establishments that serve HSP.
	Asymptomatic shedder of Hepatitis A virus and should be excluded from working in a food establishment until medically cleared.
	Asymptomatic shedder of Norovirus and should be excluded from working in a food establishment until medically cleared, or for at least 24 hours from the date of the diagnosis.
	Ill from <i>E. coli</i> /STEC, Hepatitis A virus, Norovirus, <i>Salmonella</i> , and <i>Shigella</i> and should be excluded from working in a food establishment.

Comments: _____

Signature of Healthcare Provider _____ Date _____

