



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

Date: _____

To: _____

Agency: _____

Fax Number: _____

Phone Number: _____

Notification of Food Worker Exclusion

Authority: s. 381.0011(6)(a), (13), 381.003 (2) F.S.; s. 64D-3.014, F.A.C.

Date of exclusion: _____ Number of Employees Excluded: _____

Name of Establishment: _____

Establishment address: _____

- Reason: 1.) Employee(s) has been diagnosed with a communicable disease that is transmissible through food.
- Salmonella Shigella E. coli 0157:H7 Norwalk Hepatitis A
- Other _____

- 2.) Employee(s) has symptoms (i.e. vomiting, diarrhea, fever) of an acute gastrointestinal illness that may be transmissible through food.

Conditions for returning to work: _____

County Health Department _____

Contact Name: _____

Phone Number: _____