

FOOD SERVICE AREA HEALTH AND SAFETY CLEARANCE

Youth: _____

Date: _____

		YES	NO
1.	Respiratory infection with persistent coughing and sneezing present		
2.	Fever present		
3.	Gastrointestinal illness (e.g., vomiting and/or diarrhea) present		
4.	History of hepatitis or yellow jaundice		
5.	Skin infection, open sores or cuts, or cystic acne present		
6.	Positive PPD skin test		
7.	History of back or neck injury		

Signature of MD, PA, NP, or RN

Date