



**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL  
SERVICES**

**EMPLOYEE MEDICAL CLEARANCE FOR FOOD HANDLING**

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FACILITY or UNIT

TO: Correctional Dietary Manager

FROM: Medical Provider

SUBJECT: Employee Medical Clearance for Food Handling Duties

RE: \_\_\_\_\_  
Employee Name

The above-named individual:

- HAS been medically cleared for food handling duties.**
- HAS NOT** been medically cleared for food handling duties.

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Medical Provider

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Date