**Documentation of Date/Time of Last Symptom and Clearance to Return to Work for Food and Nonfood Employees**

|  |  |
| --- | --- |
| Crew member name: |  |
| Description of Last Symptom: |  |
| Date of Last Symptom: |  |
| Time of Last Symptom: |  |
| Was clearance to return to work received? (Y/N) |  |
|  |  |
| Crew member name: |  |
| Description of Last Symptom: |  |
| Date of Last Symptom: |  |
| Time of Last Symptom: |  |
| Was clearance to return to work received? (Y/N) |  |
|  |  |
| Crew member name: |  |
| Description of Last Symptom: |  |
| Date of Last Symptom: |  |
| Time of Last Symptom: |  |
| Was clearance to return to work received? (Y/N) |  |
|  |  |
| Crew member name: |  |
| Description of Last Symptom: |  |
| Date of Last Symptom: |  |
| Time of Last Symptom: |  |
| Was clearance to return to work received? (Y/N) |  |
|  |  |
| Crew member name: |  |
| Description of Last Symptom: |  |
| Date of Last Symptom: |  |
| Time of Last Symptom: |  |
| Was clearance to return to work received? (Y/N) |  |
|  |  |
| Crew member name: |  |
| Description of Last Symptom: |  |
| Date of Last Symptom: |  |
| Time of Last Symptom: |  |
| Was clearance to return to work received? (Y/N) |  |

CDC estimates the average public reporting burden for this collection of information as 3 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).