MEDICAL EXAMINATION FOR FOOD HANDLERS

EMPLOYER DETAILS		EMPLOYEE DETAILS	
Tel Number:		Tel Number:	

SECTION A

DECLARATION FORM
(TO BE COMPLETED BY FOOD HANDLER)

			Yes	No
1.	Are you now, or have you over the last seven days, suffered from diarrhoea/vomiting.			
2.	Have you suffered from fever since more than one week ago?			
3.	At present, are you suffering from:			
	I	Skin trouble affecting hands, arms or face ii. Boils, styes or septic finger		
	II	Boils, styes or septic finger		
	III	Discharge from eye, ear or gums/mouth		
4.	Do you suffer from:			
	I	Recurring skin or ear infection		
	II	A recurring bowel disorder		
5.	In the last 5 days, have you been in contact with anyone who may have been suffering from cholera?			
6.	In the last 7 days, have you been in contact with anyone with diarrhoea or vomiting?			
7.	In the last 21 days have you been in contact with anyone who may have been suffering from typhoid or paratyphoid?			
8.	8 Have you ever had, or are you now known to be a carrier of typhoid or paratyphoid?			
9.	Have you ever had, or are you now known to have typhoid fever?			

I declare that all the above statements are true and complete to the best of my knowledge.

Signature _____ Date _____

(Witness)

Signature _____ Date _____

SECTION B

DECLARATION FORM
(TO BE COMPLETED BY DOCTOR)

			Notes
1.	Fever		
2.	Jaundice		
3.	Skin infection on hands, arms, face		
4.	Boils, styes or septic finger		
5.	Discharge from eye, ear or gums/mouth		
6.	Stool culture (if required) Positive /Negative		
	(a)	Typhoid	
	(b)	Cholera	

LABORATORY TEST RESULTS (IF REQUIRED)

Note:
Medical examination should be conducted annually by a registered medical practitioner. However, at any time a certified food handler should undergo re-examination if these conditions arise:

(a) Jaundice
(b) Diarrhoea
(c) Vomiting
(d) Fever
(e) Sore throat with fever
(f) Visibly infected skin lesions (boils, cut, etc)
(g) Discharges from the ear, eye or nose.

The management should ensure that those who suffer from any of the above conditions are excluded from handling food and be re-examined by a registered medical practitioner.

MEDICAL FITNESS CERTIFICATE FOR FOOD HANDLERS

FOR THE YEAR	

It is certified that

(name of employee)

Employed with

(name of employer)

coming in direct contact with food items and has been carefully examined by me

(name of medical practitioner / registered nurse)

on

(date)

Based on the medical examination conducted, he/she is found to be free from any infectious or communicable diseases and the person is fit to work in the above-mentioned food establishment.

Signature of medical practitioner / registered nurse

Date

Medical practice stamp

***Medical Examination to be conducted:**

1. Physical Examination
2. Eye Test
3. Skin Examination
4. Compliance with schedule of Vaccine to be inoculated against enteric group of diseases
5. Any test required to confirm any communicable or infectious disease which the person suspected to be suffering from on clinical examination.