



## REPORT ON MEDICAL EXAMINATION FOR FOOD HANDLERS

1. Type of examination:	Initial	Repeat	Place:
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### Part 1 - PERSONAL PARTICULARS (To be completed by the employer / employee)

Surname:..... Christian Names: .....	
2. I.D. No .....	
3. Address: (a) Residential	
.....	
(b) Mail .....	
4. Tel. No: .....	5. Sex: .....
6. Date of Birth: .....	7. Age: Marital status: .....
8. Name and address of Employer:	
.....	
.....	
.....	

PART 2 - MEDICAL HISTORY

Brief details on any illness, accidents, treatment (since last medical examination where indicated)

DATE	DETAILS	HEALTH FACILITY / DOCTOR

.....  
Signature of employee

.....  
Date

**PART 3 - WEIGHT, MEASUREMENTS AND CLINICAL OBSERVATION**

Length: ..... Weight: ..... 3. Chest Inspiration: .....

4. Blood pressure

Syst:.....

Dias: .....

Urine test: .....

**PART 4 - GENERAL MEDICAL EXAMINATION**

Mark every item with an X in the applicable column. If not evaluated, mark N/B	Normal	Abnormal	Describe every abnormality in detail and mark the description with the relevant item number. If necessary use loose page
1. Nose, ears and throat			
2. Gastro-intestinal			
3. Abdomen (including liver and spleen)			
4. Chest - lungs			
5. Skin			

PART 5 -- SPECIAL EXAMINATIONS

1.Sputum	Result		2.X-rays	Result	
	Normal	Abnormal		Normal	Abnormal
3.If abnormal in 1, specify					
4.Other (e.g. stool)					

PART 6 -- SUMMARY OF DISABILITIES WITH DIAGNOSIS (TABULATE ACCORDING TO PART AND ITEM NUMBERS)

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# MEDICAL CERTIFICATE

In terms of the General Health Regulations, GN 121 of 14 October 1969 as amended, Part XIX, section 201 I hereby certify, that Mr./Ms/Dr./

Name: ..... Surname: .....

I.D. No: ..... Company No: .....

Name and Address of Company: .....

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As a result of the medical examination	Fit	Unfit	Temporarily unfit	Date of the medical examination
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For employment in a premises on which food is prepared, handled served, delivered, stored or sold:

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 .....

Recommendations (where applicable)

.....  
 .....

Date of next examination .....

.....  
 Signature of Medical Examiner

.....  
 Date

Name and Address:  
 .....  
 .....

PART 7—FINDING AND RECOMMENDATION

As a result of the Medical examination this person is:	Fit	Unfit	Temporarily unfit	As.....
If unfit, state reasons				
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.....				
Date of next examination: .....				
Signature of Medical Examiner and Designation			Name	
Date				