

MEDICAL FITNESS CERTIFICATE FOR FOOD HANDLERS

Name..... Age Sex

Name of Father

Residential Address

.....

Official Address

.....

Identification Marks:

1.

2.



Left Hand Thumb Impression

Physical Examination:

1. Nail, Skin, Mouth

2. Systemic Examination

Laboratory Investigations - Results

1. Blood Routine & ESR -

2. Urine Routine -

3. Stool Routine -

4. Sputum AFB -

5. WIDAL -

6. Bilirubin - Total - Direct -

7. Any other investigation, the Medical Officer finds to be relevant

I do hereby certify that I have examined Shri/Smt.....and cannot discover that he/she has any disease, bodily or constitutional affection except, and is considered as fit for work and handling of food. He/She should be re-examined not later than on which date the certificate expires.

Date:

Place:

Signature of Medical Officer