

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