

MEDICAL FITNESS CERTIFICATE FOR FOOD HANDLERS

For the year

(See Para No. 10.1.2, Part-II, Schedule - 4 of FSS Regulation, 2011)

It is certified that Sh ri. / Smt. /Miss
.....
..... (Name and address) employed with Mls.
....., coming in direct contact with
food items has been carefully examined by me on
(date). Based on the medical examination conducted, he / she is found free from any infectious or
communicable diseases and the person is fit to work in the above-mentioned food establishment.

Name and signature with Seal
of Registered Medical Practitioner / Civil Surgeon

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