

MEDICAL FITNESS CERTIFICATE FOR FOOD HANDLERS

(FOR THE YEAR/MONTH _____)

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

Signature of the Food Handler: _____

It is certified that Shri/Smt/Miss. _____
employed with M/s. _____
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.

Specific Notes, If any:

Name and Designation with seal
of Registered Medical Practitioner/Civil Surgeon

*Medical Examinations 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.