MEDICAL FITNESS CERTIFICATE FOR FOOD HANDLERS

For the year	

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

It is certified that Shri. / 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 whichthe person suspected to be suffering from on clinical examination