РНОТО

PROFORMA FOR MEDICAL FITNESS CERTIFICATE FOR FOOD HANDLERS

(FOR THE YEAR)

(See Para No. 10, 12 Part II Schedule of FSS Regulation, 2011)

It is certified Shri./Smt./Miss	
admitted to M/s. Foo	d Craft Institute
coming in direct cor	tact with food items has been carefully examined* by me on
date	Based on medical examination conducted, he/she is
found free from any	infectious or communicable diseases and the person is fit to
work/study in the ab	ove mentioned food establishment.

Name of 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 of infectious disease which the person suspected to be suffering from on clinical examination.