



## **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.