

**MEDICAL REPORT ON FOOD HANDLER WORKING IN A SLAUGHTER-HOUSE,
EGG / MEAT/ FISH PROCESSING ESTABLISHMENT OR COLD STORE**

This is to certify that I have examined _____, _____
(Name of Patient) (NRIC/Passport No.)

of _____ on _____ .
(Name of company) (Date)

At the time of examination, the following observations on the patient were noted:

Clinical symptoms of jaundice	Yes/No*	
Skin trouble affecting hands, arms or face	Yes/No*	
Boils, styes or septic fingers	Yes/No*	
Discharge from eye, ear or gums/mouth	Yes/No*	
Sore throat, persistent cough or lung infection	Yes/No*	

The patient has also confirmed that

History of or recurring skin or ear trouble	Yes/No*	
History of or recurring bowel disorder	Yes/No*	
Carrier of typhoid or paratyphoid	Yes/No*	
Any recent contact with anyone suffering from typhoid or paratyphoid	Yes/No*	

The following optional test(s) and treatment(s) have been carried out on the patient:

Chest X-ray	Yes/No*	Result:
Sputum examination	Yes/No*	Result:
Stool examination	Yes/No*	Result:
Hepatitis A vaccination	Yes/No*	Last vaccination (date), if any:

From my examination, I am of the opinion that the above person is/is not* medically healthy to work in a food establishment.

Name and signature of Medical Officer

Company Stamp of Clinic / Hospital

Date

***Delete as appropriate**

Note: Under the Conditions of Licensing of AVA, all workers handling exposed food and/or who clean food equipment, utensils, etc. are required to be examined and found medically healthy by a medical practitioner registered under the Medical Registration Act before he/she starts working in the company. Thereafter, he/she must undergo similar examination every year and when clinically indicated. The medical evaluation will focus on history and/or evidence of potential sources of food borne gastrointestinal illness, infectious dermatological and respiratory conditions.

The licensee must ensure a valid medical report is available for inspection when required.