

Ministry of Health
Food Handlers Health interview Form

Name..... Date of Birth:.....

Address.....

Business Address.....

Telephone Number (H) (C) (W)

Category of Food Handler: General () Basic () Restaurant&Catering ()

Literacy Yes () No ()

1. Have you ever had typhoid or parathyphoid fever? Yes () No ()

2. Are you suffering from?

(a) Skin Rash Yes () No ()

(b) Boils or Sores Yes () No ()

(c) Diarrhoea and/or Vomiting now or within the last seven days Yes () No ()

(d) Discharge from the eyes Yes () No ()

(e) Discharge from the ears Yes () No ()

(f) Discharge from the nose Yes () No ()

Have you ever lived abroad? Yes () No ()

If yes, where.....

When.....

Have you travelled recently? Yes () No ()

If yes, where.....When.....

Physical Examination (observation)

Withlow:

Hands:

Fingernails:

Teeth:

Medical Examination (If Conducted)

Test recommended:

Results:

Educational Sessions

Result of quiz.....

Name address and telephone number of doctor

Name.....

Address.....Telephone #.....

Form 5
THE PUBLIC HEALTH ACT
APPLICATION FOR FOOD HANDLERS PERMIT

Name _____
Address _____
Age _____ Sex _____
Occupation _____
Name of Employer _____
Business Address _____
Have You Ever Applied
for a Food Handler's Permit _____
Was Application Granted or Refuse _____
If Refuse State Reason _____
Number of Last Food Handler's Permit _____
Date _____ Signature _____

FOR OFFICE USE ONLY

Amount of Fee Paid _____
Date of Medical Examination _____
Permit Granted/Refuse _____
Reason For Refusal _____

Date _____
Signature, Medical Officer (Health) _____