

THE PUBLIC HEALTH ACT Application for Food Handler's Permit

Address:			
Date of Birth:			
Telephone: (C) (H)		(W) _	
Sex:	e		
Occupation:			
Name of Employer:			
Business Address of Employer:			
Have very even applied for a Food Handler's Downit?		VEC	 NO
Have you ever applied for a Food Handler's Permit?		YES	NO
Was the application refused?	Ш	YES	 NO
If YES state reason:			
Number of most recent Food Handler's Permit:			
Date:			
Date: Signature:			
Signature: FOR OFFICE USE ON			
Signature: FOR OFFICE USE ON			
Signature: FOR OFFICE USE ON Amount Fee Paid \$ Receipt Number			
Signature: FOR OFFICE USE ON Amount Fee Paid \$ Receipt Number Date of Examination:			
Signature: FOR OFFICE USE ON Amount Fee Paid \$ Receipt Number Date of Examination:			
Signature: FOR OFFICE USE ON Amount Fee Paid \$ Receipt Number Date of Examination: Granted Refused	er		
Signature: FOR OFFICE USE ON Amount Fee Paid \$ Receipt Number Date of Examination: Granted Refused Permit Number:	er		

PLEASE DO NOT WRITE ON THIS PAGE MINISTRY OF HEALTH HEALTH INTERVIEW FORM FOR FOOD HANDLERS

Category of	f Food Handler:		•••••	•••••			
Literacy	Literate	YES ()	NO ()			
1. Have you	u ever had typh	oid or paratyphoid	l fever YES ()	NO ()	
2. Are you	suffering from?	•					
b) I c) I l: d) I e) I	Skin rash Boils or sores Diarrhoea and/o ast seven days Discharge from Discharge from t	the ear	within the	YES YES		NO ()	
3. Have you	u ever lived abr	oad?					
If yo Who				•••••			
Who	en			•••••			
Hav	ve you traveled a	abroad recently		YES	()	NO ()	
If yo	es: where		when	•••••	•••••	•••••	
<u>PHYSICAI</u>	L EXAMINATION	ON (Observation)					
Har	gernails:						
MEDICAL	EXAMINATIO	ON (If conducted)					
	t recommended ults:	:					
EDUCATIO	ONAL SESSION	<u>N</u>					
Result of qu		•••••	••••		•••••		• • • • • •
Name, Add	ress and Teleph	one No. of your do	octor				
	Name:	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •		••••
	Address				• • • • • • • • • • • • • • • • • • • •		···
	Telephone I	No			• • • • • • • • • • • • • • • • • • • •		•••