



THE PUBLIC HEALTH ACT

Application for Food Handler's Permit

Name: _____

Address: _____

Date of Birth: _____

Telephone: (C) _____ (H) _____ (W) _____

Sex: Male Female

Occupation: _____

Name of Employer: _____

Business Address of Employer: _____

Have you ever applied for a Food Handler's Permit? YES NO

Was the application refused? YES NO

If YES state reason: _____

Number of most recent Food Handler's Permit: _____

Date: _____

Signature: _____

FOR OFFICE USE ONLY

Amount Fee Paid \$ _____ Receipt Number _____

Date of Examination: _____

Granted Refused

Permit Number: _____

Reason for Refusal: _____

Date: _____ Signature Medical Officer (Health): _____

N.B. THERE IS ABSOLUTELY NO REFUND

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

Category of Food Handler:

Literacy Literate YES () NO ()

1. Have you ever had typhoid or paratyphoid 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 eye | YES () | NO () |
| e) Discharge from the ear | YES () | NO () |
| f) Discharge from the nose | YES () | NO () |

3. Have you ever lived abroad?

If yes:

Where

When

Have you traveled abroad recently YES () NO ()

If yes: where when

PHYSICAL EXAMINATION (Observation)

- Whitlow:
- Hands:
- Fingernails:
- Teeth:

MEDICAL EXAMINATION (If conducted)

Test recommended:
Results:

EDUCATIONAL SESSION

Result of quiz:

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Name, Address and Telephone No. of your doctor

Name:

Address

Telephone No.