

CCMS



**CENTER FOR CRICKET
MEDICINE & SCIENCES**

MEDICAL EXAMINATION FOR FOOD HANDLERS

- Name:
- Nationality:
- Address:.....
.....
.....
- Home Contact no/Work Place Contact no:

A. Declaration Form (to be completed by food handler) Yes /No

1 Are you now, or have you over the last seven days, suffered from diarrhoea/vomiting.

2 Have you suffered from fever since more than one week ago?

3 At present, are you suffering from:
i. Skin trouble affecting hands, arms or face
ii. Boils, styes or septic finger
iii. Discharge from eye, ear or gums/mouth

4 Do you suffer from:
i. Recurring skin or ear infection
ii. A recurring bowel disorder

5 In the last 5 days, have you been in contact with anyone who may have been suffering from cholera?

6 In the last 7 days, have you been in contact with anyone with diarrhoea or vomiting?

7 In the last 21 days have you been in contact with anyone who may have been suffering from typhoid or paratyphoid?

8 Have you ever had, or are you now known to be a carrier of typhoid or paratyphoid?

9 Have you ever had, or are you now known to have typhoid fever?

I declare that all the above statements are true and complete to the best of my knowledge.

Signature: Date:

Witnessed by:Signature:

Date:

B. Physical Examination (To be completed by doctor) Yes/No

- 1 Fever
- 2 Jaundice
- 3 Skin infection on hands, arms, face
- 4 Boils, styes or septic finger
- 5 Discharge from eye, ear or gums/mouth

C. Laboratory Test

Result

1. Stool culture (if required) Positive /Negative
 - a. Typhoid
 - b. Cholera
2. Other tests (if required)

Note:

Medical examination should be conducted annually by a registered medical practitioner. However, at any time a certified food handler should undergo re-examination if these conditions arise:

- a. Jaundice*
- b. Diarrhoea*
- c. Vomiting*
- d. Fever*
- e. Sore throat with fever*
- f. Visibly infected skin lesions (boils, cut, etc)*
- g. Discharges from the ear, eye or nose.*

The association should ensure that those who suffer from any of the above conditions are excluded from handling food and be re-examined by a registered medical practitioner

SHIBU VARGHESE

***DR SHIBU VARGHESE M.B.B.S, M.S (ORTHO), F.A.J.R. (GER), F.H.A (GER)
HEAD OF SPORTS MEDICINE & SCIENCE***

PERFORMA FOR MEDICAL FITNESS CERTIFICATE FOR FOOD HANDLERS

(FOR THE YEAR) (See Para No. 10.1.2, Part- II, Schedule - 4 of FSS Regulation, 2011)

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.

Seal

Civil Surgeon

Name and Signature with

Of Registered Medical Practitioner /

***Medical Examination 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.

