

**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.

**Name and Signature with Seal**  
of Registered Medical Practitioner /  
Civil Surgeon

**\*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.