

PORT OF SPAIN CORPORATION
FOOD HANDLERS MEDICAL EXAMINATION

Date:
Name: Sex: Male Female
Home Address:
Date of Birth: Identification No: PP/ID Telephone:
Name of Business: Type of Business:
Address of Business:

Family History {tick where applicable}
Personal History {tick where applicable}
1. Typhoid Yes No
2. Tuberculosis Yes No
3. Jaundice Yes No
4. Chronic Cough Yes No
5. Hospitalization Yes No
6. Other: (please specify)
1. Typhoid Yes No
2. Tuberculosis Yes No
3. Jaundice Yes No
4. Chronic Cough Yes No
5. Hospitalization Yes No
6. Asthmatic Attacks Yes No
7. Allergies, Skin disease, Ulcers Yes No
8. Other: (please specify)

If YES to #6 above, give details (date, place and reason):

Declaration and Authorization of Applicant:
I hereby declare that the information I have provided is true and completely correct. I authorize any physician, laboratory, clinic or hospital to release to the Public Health Department, Port of Spain Corporation (POSC) any formation concerning my health or medical history. I also authorize the Public Health Department (POSC) to release information obtained for the purpose of this Food Handler’s Badge to the Ministry of Health in Trinidad and Tobago.
Applicant’s Signature: Date:

FOR OFFICIAL USE
TO BE COMPLETED BY - ATTENDING PHYSICIAN
Examination: Circle appropriate letter S – Satisfactory U - Unsatisfactory
Hair – S / U Hands – S / U Throat – S / U Limbs – S / U Pulse – S / U
Eyes – S / U Nails – S / U Chest – S / U Abdomen – S / U Heart – S / U
Nose – S / U Skin – S / U Feet – S / U General Appearance – S / U Blood Pressure – (State Reading)
Comments: Referred:
Investigation: Recommended / Not Recommended
Date Examined Official Stamp Name of Medical Officer (BLOCK LETTERS)
Address of Medical Officer Telephone Signature of Medical Officer

FOR OFFICIAL USE
TO BE COMPLETED BY - PUBLIC HEALTH INSPECTOR
Class: Food Establishment Special Occasion Itinerant Vendor
Food Type: Work Permit No:
Sale Location: Preparation Address:
Date Year Badge No. P.H.I. Lecturer Supervisor OCF
Remarks: