



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་འབྲུག་བཟའ་ཆས་དང་སློན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN  
MINISTRY OF HEALTH  
BHUTAN FOOD AND DRUG AUTHORITY



## INSPECTION SERVICES

### MEDICAL CERTIFICATE FOR FOOD HANDLERS

#### Part I: Personal Information

Name:	Nationality:	CID/ Permit No.
Date of Birth	Sex: M / F	Contact No. :
Residential Address:		

#### Part II: Medical Declaration (To be filled by the applicant)

Medical History: Have you ever had or you have any of the following health problems?		Yes	No
1	Mental Illness		
2	Tuberculosis		
3	Typhoid		
4	Hepatitis		
5	Skin infections		
6	Jaundice		
7	Substance abuse (Marijuana and other drugs)		

\*If “Yes” for any of the above, please investigate further as required.

Part III: Investigations/ Medical Checkup/ Medication		Positive	Negative
1	Visual/ Eye Checkup		
2	Typhoid (Typhidot/ Widal)		

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3	Chest X-Ray		
4	GeneXpert/ Sputum AFB (only if indicated by Chest X-Ray finding)		

#### Part IV: Certification and declaration (by examining medical Doctor)

I certify that the person is (check only one option)

- Fit
- Unfit (specify reasons)

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#### Details of the certifying Medical/ Clinical Officer

1). Name: 2). Signature and date:

3). BMHC Registration Number: 4). Name of the Hospital:

**\*Please provide a stat dose of tablet Albendazole (400mg) to all food handlers during the certification**

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