



Ministry of Agriculture and Forests  
Bhutan Agriculture and Food Regulatory Authority  
**INSPECTION SERVICES**

**MEDICAL CERTIFICATE FOR FOOD HANDLERS**

<b>Part I: Personal Information</b>		
Name:	Nationality:	CID/Permit No.
Date of Birth	Sex: M / F	Contact No:
Residential Address:		
Contact Number:		

<b>Part II: Medical Declaration (To be filled by the applicant)</b>			
Medical History - Have you ever had or do 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**

<b>Part III: Investigations/Medical Checkup/Medication</b>		Positive	Negative
1	Visual/Eye Check up		
2	Typhoid (Typhidot/ Widal)		
3	Chest X-Ray		
4	GeneXpert/ Sputum AFB (only if indicated by Chest X-Ray finding)		

<b>Part IV: Certification and declaration (by examining medical Doctor)</b>	
I certify that the person is:(check only one option)	
- Fit	
- Unfit (specify reasons)	
.....	
Details of the certifying Medical/ Clinical Officer	
1. Name:	2. Signature:
3. BMHC Registration Number	4. Name of the Hospital:

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

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