

FOOD HANDLERS TESTING FORM

APPROVED BY: ENVIRONMENTAL HEALTH MANAGER

REQUISITION FORM FOR TESTING FOOD HANDLERS

NAME & SURNAME: _____ AGE: _____ SEX: _____

NAME OF BUSINESS: _____

ADDRESS OF EMPLOYEE: _____

STOOL PARASITES: _____

HEPATITIS: _____

CHEST X-RAY: _____ NO: _____ DATE: _____

RESULTS: _____

DOCTOR'S RECOMMENDATIONS/REMARKS: _____

DOCTOR'S SIGNATURE: _____ DATE: _____

"OUR TOWN | OUR PRIDE"