

Nhlangano S400

Kingdom of Eswatini H108

Email: ceo@ntc.co.sz

Tel: +268 2207 8451

+268 2207 8142

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:		
RESULTS:		
DOCTOR'S RECOMMENDATIONS/REMARKS:		
DOCTOR'S SIGNATURE:	DATE:	

"OUR TOWN | OUR PRIDE"