



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་རྒྱན་ལག་ 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)		
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)	
<ul style="list-style-type: none"> • Fit • Unfit (specify reasons) <p>.....</p>	
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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