



THE PUBLIC HEALTH ACT 公共卫生法
Application for Food Handler's Permit
申请食品处理人员许可证

Name 姓名: _____

Address 居住地址: _____

Date of Birth 出生日期: _____

Tel. 电话: (C 手机) _____ (H 家) _____ (W 工作) _____

Sex 性别: Male 男 Female 女

Occupation 职业: _____

Name of Employer 雇主名称: _____

Business Address of Employer 雇主地址: _____

Have you ever applied for a Food Handler's Permit? YES 是 NO 否

你曾经申请过食品处理的许可证?

Was the application refused? 申请被拒绝? YES 是 NO 否

If YES state reason 如果是, 说明理由: _____

Number of most recent Food Handler's Permit: _____

最近食品处理许可证编号

Date 日期: _____

Signature 签名: _____

FOR OFFICE USE ONLY 以下供官方使用

Amount Fee Paid \$ _____ Receipt Number _____

Date of Examination: _____

Granted Refused

Permit Number: _____

Reason for Refusal: _____

Date: _____ Signature Medical Officer (Health): _____

N.B. THERE IS ABSOLUTELY NO REFUND 绝对没有退款

PLEASE DO NOT WRITE ON THIS PAGE 请不要在此页面上写字

MINISTRY OF HEALTH
HEALTH INTERVIEW FORM FOR FOOD HANDLERS

Category of Food Handler:

Literacy Literate YES () NO ()

1. Have you ever had typhoid or paratyphoid fever YES () NO ()

2. Are you suffering from?

- | | | |
|---|---------|--------|
| a) Skin rash | YES () | NO () |
| b) Boils or sores | YES () | NO () |
| c) Diarrhoea and/or vomiting now or within the
last seven days | YES () | NO () |
| d) Discharge from the eye | YES () | NO () |
| e) Discharge from the ear | YES () | NO () |
| f) Discharge from the nose | YES () | NO () |

3. Have you ever lived abroad?

If yes:

Where

When

Have you traveled abroad recently YES () NO ()

If yes: where when

PHYSICAL EXAMINATION (Observation)

Whitlow:

Hands:

Fingernails:

Teeth:

MEDICAL EXAMINATION (If conducted)

Test recommended:

Results:

EDUCATIONAL SESSION

Result of quiz:

.....

Name, Address and Telephone No. of your doctor

Name:

Address

.....

Telephone No.