



DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA
MINISTRY OF HEALTH — DEPARTMENT OF HEALTH SERVICES
Issued under Regulation 6 of the Food (Hygiene) Regulations 2011 (Food Act No. 26 of 1980)

SCHEDULE VI — MEDICAL CERTIFICATE FOR FOOD HANDLERS

PART I: APPLICANT & ESTABLISHMENT INFORMATION

SECTION A

1. FULL NAME OF FOOD HANDLER:

[Full Name of Food Handler]

2. NATIONAL IDENTITY CARD (NIC) / PASSPORT NO:

[NIC / Passport Number]

3. AGE & GENDER:

[Age] Yrs / [Male / Female]

4. JOB DESIGNATION / ROLE:

[e.g., Head Chef / Server / Handler]

5. CONTACT TELEPHONE:

[Phone Number]

6. NAME OF FOOD BUSINESS ESTABLISHMENT (FBO):

[Business / Establishment Name]

7. BUSINESS REGISTRATION / TRADE LICENSE NO:

[BR / Trade License Ref]

8. ADDRESS OF FOOD PREMISES:

[Complete Premises Address]

PART II: CLINICAL & LABORATORY MEDICAL EVALUATION

TO BE FILLED BY DOCTOR

MEDICAL EXAMINATION CATEGORY	REQUIRED CLINICAL / DIAGNOSTIC STANDARD	SATISFACTORY	UNFIT / POSITIVE
1. Dermatology / Skin Exam	Absence of open wounds, septic lesions, eczema, active dermatitis, or eye/ear discharge.	☐ Yes	☐ No
2. Respiratory System	Absence of active pulmonary tuberculosis, chronic cough, or upper respiratory illness.	☐ Yes	☐ No
3. Enteric Pathogens (Stool Exam)	Laboratory test clear of Salmonella typhi/paratyphi, Shigella, Vibrio, and intestinal parasites.	☐ Yes	☐ No
4. Communicable Diseases	Clinical examination for Hepatitis A, Typhoid fever, and transmissible gastrointestinal infections.	☐ Yes	☐ No
5. Vaccination Status	Typhoid (Typhim Vi) and Hepatitis A immunization verified current.	☐ Yes	☐ No

LABORATORY STOOL CULTURE REF NO & DATE:

[Lab Report Ref & Date]

ADDITIONAL CLINICAL OBSERVATIONS / REMARKS:

[Doctor Notes]

PART III: MEDICAL PRACTITIONER STATUTORY CERTIFICATION

I, the undersigned Registered Medical Practitioner, hereby certify that I have personally examined the applicant [Applicant Name] and evaluated the clinical findings and laboratory diagnostic reports. In my professional opinion, the applicant is **FREE FROM COMMUNICABLE DISEASES** and is medically [FIT / UNFIT] to be employed as a food handler in a commercial food establishment.

DATE OF EXAMINATION:

DD / MM / YYYY

CERTIFICATE VALID UNTIL:

DD / MM / YYYY (1 Year)

MEDICAL PRACTITIONER NAME:

Dr.

SLMC REGISTRATION NO:

SLMC /

Medical Officer Signature

OFFICIAL MEDICAL RUBBER STAMP
(SLMC REG. DOCTOR / MOH OFFICE)

PART IV: PUBLIC HEALTH INSPECTOR (PHI) / LOCAL AUTHORITY VERIFICATION

FOR OFFICIAL USE ONLY

MOH OFFICE AREA:

[MOH Area Name]

PHI DIVISION NO:

[Division No]

FBO REGISTER ENTRY REF:

[Reg Ref No]

Verified & Recorded in FBO Statutory Compliance File