

THE PUBLIC HEALTH (FOOD HANDLING) REGULATIONS, 1998

FIRST SCHEDULE, *contd.*

FORM 6

THE PUBLIC HEALTH ACT

FRONT

BACK

PERMIT NO.....

If you have

FOOD HANDLERS PERMIT  
PUBLIC HEALTH  
DEPARTMENT

- Boil
- Cold
- Cough
- Fever
- Skin Rash
- Diarrhoea and Vomiting
- Infected Sores

PARISH .....  
PLEASE KEEP THIS CARD CLEAN AND IN  
A SAFE PLACE

Seek treatment at your health centre or at your doctor.

Remember these conditions can be spread to other persons.

INSIDE

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Exam.	Date of Education	Expiry Date	Initial

I hereby certify that the abovenamed person was examined on the dates initialled by me and has been granted a permit to handle food intended for human consumption. This Permit is issued subject to the conditions, if any, set out below:—

- 1 .....
- 2 .....
- 3 .....
- 4 .....

KEEP YOUR APPOINTMENT AT THE FOOD HANDLERS CLINIC EVERY YEAR.

SEE A HEALTH WORKER OR YOUR DOCTOR IF YOU ARE ILL.

\_\_\_\_\_  
Medical Officer (H)