



MUNICIPALITY OF SWAKOPMUND

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HEALTH SERVICES DEPARTMENT

MEDICAL CERTIFICATE OF FITNESS FOR FOOD HANDLERS GK 121/1969 (203)

I, the undersigned registered medical practitioner, hereby declare that the under mentioned persons have been examined and they have been found to be free from obvious infectious diseases such as typhoid, paratyphoid, staphylococcus and streptococcus infections, and other pathogens, and are fit to handle and prepare food.

Food Handlers medically examined:

NAME		NAME	
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Employed by :

REMARKS :

DATE

STAMP

DOCTOR'S SIGNATURE