

FIRST SCHEDULE, *contd.*

FORM 5

THE PUBLIC HEALTH ACT

APPLICATION FOR A FOOD HANDLERS PERMIT

Name _____

Address _____

Age _____ Sex _____

Occupation _____

Name of Employer _____

Business address of Employer _____

Have you ever applied for a Food Handlers Permit? _____

Was application granted or refused? _____

If refused, state reason _____

Number of last Food Handlers Permit _____

Date _____ Signature _____

FOR OFFICE USE ONLY

Amount of fee paid

Date of medical examination

Permit granted/refused

No. of Permit

Reason for refusal

Date

Signature, Medical Officer (Health)