

**MUNICIPAL COUNCIL OF MANZINI**



<b>QUALITY MANAGEMENT SYSTEM</b>	Doc Ref No.	MCM-EHSW-FRM-023
	Revision Status	Issue 01
<b>FOOD HANDLERS TESTING FORM</b>	Revision Date	15.11.2019
	Approved By	Community Services Director

401/2/3

**REQUISITION FORM FOR TESTING FOOD HANDLERS:**

Name & surname ..... Age.....Sex.....

Name of business.....

Address of Employee.....

Stool Parasites.....

Hepatitis.....

Chest X Ray.....No.....Date.....

Result .....

Doctors' Recommendations/Remarks.....

Doctors' signature.....Date.....