



**GOVERNMENT OF SAMOA
MINISTRY OF HEALTH**

HEALTH CLEARANCE

(Under the Food Act 2015 and Food (Quality and Safety) Regulations 2017)

Date of medical examination: ____ / ____ / ____

(To be filled by the Registered Medical officer /General Practitioner)

Food Handler's Personal Information

First Name: _____		_____	
Last Name: _____		_____	
Age: _____	Sex: _____		_____
_____ Address:		_____	
NHN: _____		_____	
<u>Contact Details</u>			
Name of Business: _____		Occupation: _____	
Phone Number: _____		Email: _____	
_____		_____	

Vital Sign

	Results				Comments
Weight (Kg)					
Height (cm)					
Visual Acuity	Left:		Right		
Corrected:					
Hearing					

The following tests are required to be carried out for the above purpose and the report has to be submitted to the Ministry of Health to determine issuing of Health Card (**ATTACH ALL Lab TEST RESULTS**).

Require Lab Investigation	Results
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Typhoid - Salmonella Typhi (Stool Culture)	
Hepatitis A	
Tuberculosis (Include Chest X-Ray) <i>If Required</i>	

FOR MEDICAL OFFICER USE ONLY

Medical Officer's comments:

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Medical Officer's Name:

Signature.....
(Medical Officer's Signature)

Date:

- *Please submit this medical report to the Ministry of Health.*
- *Attach Copies of Lab Test Results*

