



Matsapha Town Board
Corner Police College Rd & Airport Rd
Matsapha
P. O. Box 1790, Matsapha
Tel: (+268) 518 6637 / (+268) 518 8235
(+268) 518 8265 / (+268) 518 8184
Fax: (+268) 518 6646
Website: www.matsapha.co.sz

REQUISITION FORM FOR TESTING FOOD HANDLERS
IN TERMS OF THE PUBLIC HEALTH ACT 5/1969, PART IV, 25 (1)

EMPLOYEES' PERSONAL DETAILS

NAME: _____
DATE OF BIRTH: _____ GENDER: _____
POSTAL ADDRESS: _____
PHYSICAL ADDRESS: _____
CONTACT DETAILS: TELEPHONE: _____ CELL: _____

EMPLOYER'S DETAILS

BUSINESS NAME: _____
NAME OF PERSON IN CHARGE OF BUSINESS: _____
POSTAL ADDRESS: _____
PHYSICAL ADDRESS: STREET: _____ LOT No.: _____
BUILDING NAME.: _____ OFFICE/SHOP No.: _____

EMPLOYEES' MEDICAL EXAMINATION

NAME OF HEALTH FACILITY: _____
POSTAL & PHYSICAL ADDRESS: _____
DOCTOR'S NAME: _____
STOOL PARASITE: _____
HEPATITIS: _____
CHEST X-RAY: _____ NO: _____ DATE: _____
RESULT: _____

DOCTOR'S RECOMMENDATIONS/REMARKS: _____

DOCTOR'S SIGNATURE: _____ DATE: _____

DATE STAMP: