Date: [Insert Date]

To: [Employer Name/Company Name]
Subject: Pre-Employment Food Handler Medical Clearance

To Whom It May Concern,

This is to certify that I have medically examined **[Applicant Name]** on **[Examination Date]** to determine their fitness for employment as a food handler.

The medical assessment included a review of medical history and a physical examination for symptoms of communicable diseases that can be transmitted through food, such as skin infections, respiratory infections, and gastrointestinal illnesses.

Based on the clinical findings and/or laboratory results:

[ ] The applicant is found to be free from any clinical signs of communicable diseases and is **fit** to handle food in a commercial environment.
[ ] The applicant is currently **unfit** for food handling duties due to medical reasons.

This clearance is valid until [Insert Expiration Date, if applicable].

Sincerely,

[Signature of Medical Professional]
[Name of Physician/Medical Examiner]
[License Number]
[Clinic/Hospital Name]
[Contact Information]