Date: [Insert Date]

To Whom It May Concern,

Subject: Medical Clearance for Food Handling

This letter is to certify that I have medically examined **[Full Name of Employee]**, born on **[Date of Birth]**.

Based on the clinical examination and a review of the required diagnostic tests, I certify that the aforementioned individual is free from clinical signs and symptoms of communicable diseases that can be transmitted through food, including but not limited to:

- Salmonella Typhi
- Shigella spp.
- Shiga toxin-producing Escherichia coli (STEC)
- Hepatitis A virus
- Norovirus

The individual has been screened for intestinal parasites, skin infections, and respiratory tuberculosis as per local health regulations and found to be fit for employment as a food handler.

This certification is valid until **[Expiration Date]**.

Sincerely,

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