FOOD SAFETY AND QUALITY DIVISION

GUIDELINE FOR
MEDICAL EXAMINATION
OF
FOOD HANDLERS IN THE SEAFOOD INDUSTRY IN MALAYSIA

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1.0 INTRODUCTION

Employers should ensure that all employees who directly or indirectly handle food, are healthy and do not pose a risk to food safety and public health. Each food handler should undergo medical examination by a registered medical practitioner.

The main aim of this guideline is to prevent the introduction of pathogens into the food supply chain by food handlers particularly in the seafood industry.

2.0 SCOPE

Food handlers in the following facilities in the seafood industry are required to undergo medical examination:

   a. Fishing vessel;
   b. Landing site;
   c. Aquaculture farm;
   d. Transport vehicle;
   e. Independent ice producer;
   f. Independent refrigerated store (chilled or frozen);
   g. Sources of semi-processed fishery raw material; and
   h. Processing establishment.

The medical examination should be conducted annually by a registered medical practitioner. Medical examination can be conducted at a government or private clinic. However, a government facility will not bear the medical examination cost.

3.0 OBJECTIVE

The objectives of medical examination among food handlers in the seafood industry are:

   a. To ensure that all food handlers are not carriers of any pathogens related to foodborne disease especially S. typhi/paratyphi and V. cholera.
   b. To ensure that those who come directly or indirectly in contact with food are not likely to contaminate the food.
   c. To ensure that products from fishery industry in this country are safe and do not pose any risk of foodborne disease to the consumer.
4.0 PROCEDURE

The flow of the medical examination process is shown in Appendix I.

4.1 Food handlers should complete and certify the declaration form before being examined by a medical practitioner. The declaration form will disclose recent illness which poses a risk to food safety such as typhoid, cholera or other gastrointestinal infections, skin infection, etc.

4.2 Medical practitioner shall validate the completed declaration questionnaire (Appendix II).

4.3 Medical practitioner shall perform the medical examination which focusing on these symptoms:
   a. Fever
   b. Jaundice
   c. Skin infection on hands, arms, face
   d. Boils, styes or septic finger
   e. Discharge from eye, ear or gums/mouth

4.4 Food handler shall present his/her certificate of anti typhoid vaccination to medical practitioner if any. The certificate should be valid and have been certified by a registered medical practitioner. Typhoid vaccination status should be current i.e. within 3 years. Food handlers should be vaccinated if the certificate is not valid or he/she has not been vaccinated.

4.5 Other tests will be recommended by the medical practitioner if indicated. If foodborne diseases are suspected, the following laboratory tests can be considered:
<table>
<thead>
<tr>
<th>Finding</th>
<th>Test</th>
<th>Differential Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Diarrhoea</td>
<td>Rectal swab for <em>V. cholera</em></td>
<td>Cholera</td>
</tr>
<tr>
<td></td>
<td>Typhidot</td>
<td>Typhoid</td>
</tr>
<tr>
<td></td>
<td>Stool for <em>S. typhi</em></td>
<td></td>
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<tr>
<td>b. Dysentery</td>
<td>Stool for <em>Shigella, EHEC</em></td>
<td>Shigellosis</td>
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<td></td>
<td></td>
<td>EHEC infection</td>
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<tr>
<td>c. Fever with GIT symptom</td>
<td>Typhidot</td>
<td>Typhoid</td>
</tr>
<tr>
<td></td>
<td>Stool for <em>S. typhi</em></td>
<td></td>
</tr>
<tr>
<td>d. POU</td>
<td>Blood culture</td>
<td>Typhoid</td>
</tr>
<tr>
<td></td>
<td>Typhidot</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stool for <em>S. typhi</em></td>
<td></td>
</tr>
<tr>
<td>e. Fever with jaundice</td>
<td>Anti-HAV IgM</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>f. History of typhoid fever</td>
<td>Stool for <em>S. typhi</em></td>
<td>Typhoid carrier</td>
</tr>
</tbody>
</table>

4.6 Food handler can be certified as fit if all findings are normal or there is no risk to food safety (refer to paragraph 5.0 and 6.0)

4.7 Medical examination for food handler should be conducted annually. However, at any time, a certified food handler should undergo re-examination if these conditions arise:
   a. Jaundice
   b. Diarrhoea
   c. Vomiting
   d. Fever
   e. Sore throat with fever
   f. Visibly infected skin lesions (boils, cut, etc)
   g. Discharges from the ear, eye or nose.

4.8 Any illness among the food handlers should be reported to the management. The management should ensure that those who suffer from any condition mentioned in 4.7 are excluded from handling food and re-examined by a registered medical practitioner.
4.9 The completed and certified medical examination form shall be kept by the food handler and a copy shall be retained by the management. Should the food handler resign or change employer, the validity of the medical examination will not be affected until it is expires.

4.10 Medical practitioners shall record the medical examination in the patient note. Registration number should be recorded in the medical examination form as it will be used as a reference.

5.0 CONDITIONS WHICH POSE A RISK TO FOOD SAFETY

5.1 Gastrointestinal Infection

Typhoid cases/carriers should not resume their duties until they have had three negative stool cultures at least one month apart.

If a food handler who is a carrier of typhoid or paratyphoid is identified (for example, during investigation into an outbreak) they must be excluded from food handling and follow the same course of action as applied for an individual who is suffering from a typhoid or paratyphoid illness.

Food handlers with hepatitis A should remain off work seven days until after symptoms (usually jaundice) have disappeared.

If there is only one bout of diarrhoea and vomiting in a 24-hour period, and there is no fever, the person may resume food handling duties but they should be reminded of the importance of good hygiene practices, particularly hand washing.

If symptoms persist, the person should seek medical advice and only can return to work once these conditions are met:

a. No vomiting for 48 hours once any treatment has ceased.
b. The bowel habit has returned to normal for 48 hours either spontaneously or following cessation of treatment with anti-diarrheal drugs.
5.2 Other Acute Infections

Food handlers with lesions on exposed skin (hands, face, neck or scalp) that are actively weeping or discharging must be excluded from work until the lesions have healed.

An infection of the finger nail-bed (whitlow) or a boil on the face or other exposed skin, even if covered with a suitable waterproof dressing, may be a risk to food safety.

In contrast, infective lesions on non-exposed skin, e.g. the back or legs, are not considered a risk.

Clean wounds must be totally covered with a distinctively coloured waterproof dressing but there is no need to discontinue food handling.

Any food handler whose eyes, ears, mouth or gums are weeping or discharging must be excluded from food handling until symptoms disappear.

6.0 CONDITIONS WHICH DO NOT POSE A RISK TO FOOD SAFETY

a. Non-infected gastrointestinal disorders e.g. Gastritis, Crohn’s disease
b. Chest and other respiratory diseases e.g. URTI
c. Blood borne infections e.g. hepatitis B, hepatitis C

Tuberculosis is not spread through food handling. However, the disease may affect an individual’s general health so as to make them unfit for work or they may pose a risk of infection to others in the workplace.

Infective lesions on non-exposed skin, e.g. the back or legs, are not a bar to food handling duties.
7.0 GENERAL ADVISE TO FOOD HANDLERS AND THE MANAGEMENT

General advise that need to be given by medical practitioners or other health personnel to a food handlers include:

a. Wash and dry hands:
   i. Before and after handling food; and
   ii. After going to the toilet.
   iii. After touching any part of body
b. Report any illness to the management.
c. Do not work if suffering from diarrhoea and/or vomiting.
d. Do not handle food if have scaly, weeping or infected skin which cannot be totally covered during food handling.
e. Ensure cuts and abrasions on exposed areas are totally covered with a distinctively coloured waterproof dressing.
f. Do not spit in food handling areas.
g. Do not smoke in food handling areas.
h. Do not eat or chew gum in food handling areas.
i. Wear clean protective clothing, including appropriate hair covering.
j. Ensure work surfaces and utensils are clean.

Food handlers who just recovered from any gastrointestinal infection should be reminded of the importance of good hygiene practices, particularly hand washing before being allowed to resume food handling duties.
Appendix I

Medical Examination Process for Food Handlers in Seafood Industry

Food Handlers to Complete a Medical Declaration Form

Medical checkup and laboratory test to be performed by doctor

Yes

Medically fit for handling food

No

Eligible for re-checkup

No

Medically Not Fit

Food handlers suffering certain illness or injury at any time after certification

Yes

Medically Fit
### MEDICAL EXAMINATION FOR FOOD HANDLERS IN SEAFOOD INDUSTRY

**A. Declaration Form (to be completed by food handler)**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>8</td>
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<td></td>
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<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I declare that all the above statements are true and complete to the best of my knowledge.

Signature: ........................................ Date: ...............................  
Witnessed by: ................................. NRIC/ Passport No.: ............................... 
Signature: ................................. Date: ...............................
B. Physical Examination (To be completed by doctor)

<table>
<thead>
<tr>
<th>No.</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Jaundice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Skin infection on hands, arms, face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Boils, styes or septic finger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Discharge from eye, ear or gums/mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Typhoid vaccination status:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Place/clinic given: __________________________

Vaccine name: ________________________ Dose: ________________________

Batch no: _______________________ Date completed: ________________

C. Laboratory Test

<table>
<thead>
<tr>
<th>Test</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stool culture (if required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Typhoid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Cholera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other tests (if required)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Case Summary
I hereby confirm that Mr/Ms/Mrs …………………………………………………… NRIC / Passport no. ……………….. registration/referral no.………. had undergone medical examination and found to be:

- ☐ i. Healthy and fit to work as food handlers
- ☐ ii. Unhealthy and not fit to work as food handler
- ☐ iii. Unhealthy but can return to work on

Signature : ___________________________________________________________
Name : ______________________________________________________________
Registration number : ________________________________________________
Place of practice : ____________________________________________________
Date : _______________________________________________________________

Official stamp

Note:

Medical examination should be conducted annually by a registered medical practitioner. However, at any time a certified food handler should undergo re-examination if these conditions arise:

- a. Jaundice
- b. Diarrhoea
- c. Vomiting
- d. Fever
- e. Sore throat with fever
- f. Visibly infected skin lesions (boils, cut, etc)
- g. Discharges from the ear, eye or nose.

The management should ensure that those who suffer from any of the above conditions are excluded from handling food and be re-examined by a registered medical practitioner.