

46 CFR § 10.215 Medical and Physical Requirements

Food handlers are not required to submit to a general medical exam, but must obtain a statement from a licensed physician, physician assistant, or nurse practitioner attesting that they are free of communicable diseases.

- Entry level applicants who wish to apply for a food handler rating must have their provider include this statement either on or attached to the 719K/E form.

The Medical Practitioner need not perform any additional laboratory testing unless it is deemed necessary clinically. Applicants and currently employed food workers should report information about their health as it relates to diseases that are transmissible through food. The following issues should be considered by the Medical Practitioner when certifying an Applicant:

1. The Applicant reports they have been diagnosed with an illness due to organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.
2. The Applicant reports they have at least one symptom caused by illness, infection, or other source that is associated with an acute gastrointestinal illness such as diarrhea, fever, vomiting, jaundice, or sore throat with fever.
3. The Applicant reports they have a lesion containing pus, such as a boil or infected wound, which is open or draining and is on the hands or wrists or on exposed portions of the arms.
4. The Applicant reports they have had Salmonella Typhi within the past three months, Shigella spp. within the past month, Shiga-toxin producing Escherichia coli within the past month, or Hepatitis A virus ever.
5. The Applicant reports they are suspected of causing or being exposed to a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc. This would include outbreaks associated with events such as a family meal, church supper, or festival because the food employee or food implicated in the outbreak ate food implicated in the outbreak, or ate food at the event prepared by a person who is infected or who is suspected of being a shedder of the infectious agent.
6. The Applicant reports they live in the same household as, and have knowledge about, a person who is diagnosed with organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.
7. The Applicant reports they live in the same household as, and have knowledge about, a person who attends or works in a setting where there is a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.