

**FOOD SERVICES DIVISION
LOS ANGELES UNIFIED SCHOOL DISTRICT**

FOOD HANDLER'S HEALTH CERTIFICATE

Date _____

This is to certify that _____ has this day had a health inspection which entitles him/her to handle food in the Los Angeles Unified School District for the year _____.

This certificate indicates compliance with LAUSD medical standards. This certificate is valid ONLY if the employee applies and maintains standards of cleanliness, sanitation, and personal hygiene.

Physicians or School Nurse Signature

Clinic or School Name

FSD Form #P38.267 Revised 9/2010

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