

Costa Crociere S.p.A.	<b>Company Management System</b>	Rev. 0	<b>0</b>
Code P5.2 IO1 SMS M03	P5 HUMAN RESOURCES MANAGEMENT SIGN ON MEDICAL FORM	Date 01/07/09	Pag1/1

Applicant name \_\_\_\_\_

Address \_\_\_\_\_ Nationality \_\_\_\_\_

Tel. \_\_\_\_\_ Ship **COSTA MEDITERRANEA**

Date of Birth \_\_\_\_\_ Sex  M  F Date \_\_\_\_\_

**EXAMINATIONS FOR FOODHANDLERS AND SIMILAR ONLY**

Please attach all documents referring to the examination

	Normal	Abnormal
8. THROAT CULTURE: staphilococcus – and any other possible pathogenic germs	<input type="checkbox"/>	<input type="checkbox"/>
9. STOOL CULTURE: salmonella and shighella	<input type="checkbox"/>	<input type="checkbox"/>

8./9. Throat/stool culture must be repeated maximum 15 days prior embarkation

**THE DOCTOR RESPONSIBLE FOR SIGNING HEREBY DECLARES UNDER HIS RESPONSIBILITY THAT THE ABOVE APPLICANT IS:**

**Employable**     

**Rejected**     

REMARKS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Doctor's Stamp and Signature**  
(Legible stamp and signature)

**Medical Centre Stamp**  
(Legible stamp)

**Date**

**COSTA CODE A25VR**