

## Health Certificate:

It is being certified, that

(Name) .....

Born the ..... in .....

Has been evaluated for the following diseases and his/her status regarding immunizations has been checked.

### Status Regarding Infections

- Tuberculosis requiring treatment or surveillance by a physician	Present:	Absent:
- Leprosy	Present:	Absent:
- Cholera	Present:	Absent:
- Infectious Polio	Present:	Absent:
- Paratyphoid	Present:	Absent:
- Pest	Present:	Absent:
- Dysentery	Present:	Absent:
- Typhoid	Present:	Absent:
- Hepatitis A, B, C, D, G	Present:	Absent:
- Diphtheria	Present:	Absent:

### Status Regarding Immunizations

A certificate documenting actual immunization against the disease can replace certification regarding the absence of a disease such as infectious polio, Hepatitis A, B, C, D, G, and pertussis.

- Polio	Immunization Present:	Immunization Absent:
- Hepatitis A, B	Immunization Present:	Immunization Absent:
- Diphtheria	Immunization Present:	Immunization Absent:
- Pertussis	Immunization Present:	Immunization Absent:

....., On .....  
Signature and Stamp of the certifying doctor

....., On .....  
Notation of notarization with regard to 2 paragraph 2