

# HEALTH CERTIFICATE

This is to certify that \_\_\_\_\_

born \_\_\_\_\_ at \_\_\_\_\_

is not suffering from trachoma, leprosy, dysentery, acute epilepsy, insanity, tuberculosis, poliomyelitis, nor any other disease likely to endanger public health.

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Official position \_\_\_\_\_