

HEALTH CERTIFICATE

This is to certify that _____

born _____ at _____

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

Anti-HIV-antibody: negative

Chest-X-Ray: no abnormal finding of heart, lungs and diaphragm

Place _____ Date _____

Signature _____

Official position _____