

THE PUBLIC HEALTH ACT

*Application for Health Certificate for Tourist Establishment*

TO: MEDICAL OFFICER (HEALTH)

1. \_\_\_\_\_  
(Name of tourist establishment)

\_\_\_\_\_  
(Address of tourist establishment)

do hereby apply to have a health certificate issued in respect of the above named tourist establishment.

2. The bed capacity of the tourist establishment is \_\_\_\_\_  
(No. of beds)

3. Members of the management team of the tourist establishment are as follows

NAME	POST HELD	QUALIFICATIONS	NATIONALITY

4. Special facilities and services provided by the tourist establishment are –

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

5. There is/are \_\_\_\_\_ eating establishment(s) located on the premises of the tourist establishment.

6. Description of eating establishment and seating capacity

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

7. Specify whether new or now being operated

\_\_\_\_\_

8. STATEMENT BY AUTHORIZED OFFICER

To the best of my knowledge, the following steps have been taken to comply with public health requirements by the owners/operators and members of staff of the tourist establishment—

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

\_\_\_\_\_  
General Manager or Authorized Officer

Dated this \_\_\_\_ day of \_\_\_\_\_

FOR OFFICIAL USE ONLY

Documents in support of application

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

Date application received \_\_\_\_\_

Authorized Officer

Date of inspection \_\_\_\_\_

Date certificate issued \_\_\_\_\_

\_\_\_\_\_  
Authorized Officer