THE PUBLIC HEALTH ACT

APPLICATION FOR HEALTH CERTIFICATE FOR TOURIST ESTABLISHMENT

TO: THE MEDICAL OFFICER (HEALTH)

1. _______________________________________________________
   (Name of tourist establishment)

   _____________________________________________________
   (Address of tourist establishment)

   TELEPHONE # ________________________________

   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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>POST HELD</th>
<th>QUALIFICATIONS</th>
<th>NATIONALITY</th>
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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 seating capacity

______________________________________________________
______________________________________________________
______________________________________________________

7. Specify whether new or being operated

______________________________________________________

8. STATEMENT BY AUTHORISED 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 the tourist establishment –

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

__________________________
Authorized Officer

Dated this ______ day of ______

FOR OFFICAL USE ONLY

Documents in support of application

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

DATE OF INSPECTION
ISSUED
GRANTED

___________________________
AUTHORIZED OFFICER