

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:

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 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