

## MEDICAL CERTIFICATE OF GOOD HEALTH

To Whom It May Concern,

*A qui de droit,*

The undersigned Doctor in medicine .....  
*Le Docteur en médecine soussigné...*

Certifies that Ms ..... does not suffer from any illnesses that could cause serious repercussions to public health according to the specifications of the international sanitary regulation of 2005.  
*Certifie que monsieur ... ne souffre d'aucune maladie pouvant porter atteinte à la santé publique, conformément au règlement sanitaire international datant de 2005.*

Issued at .....  
*Fait à ....*

On.....  
*Le ....*

Signature of the Doctor  
*Signature du Docteur*

Stamp of Doctor's office  
*Tampon du Docteur*