

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)

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.

THE PUBLIC HEALTH (TOURIST ESTABLISHMENTS) REGULATIONS 2000
FIRST SCHEDULE, contd.
PART 1, contd.

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-

Authorization Officer

Dated this _____ day of _____

FOR OFFICIAL USE ONLY

Documents in support of application

DATE OF INSPECTION _____

ISSUED _____

GRANTED _____

Authorized Officer