MEDICAL CERTIFICATE

I, the undersigned,

certify that I have examined this day:

Ms / Mrs. / Mr.:

residing at:

and that, based on a general examination, a seriological and an X-ray examination of the lungs, I found her / him free of:

1- Illness requiring quarantine: cholera, bubonic plague, smallpox, yellow fever;
2- Pulmonary tuberculosis, active or progressive;
3- Syphilis;
4- Contagious diseases transmitted by infection or parasites:
   Typhus exanthema, Febris recurrens, Polio, Epidemic influenza, Typhoid and paratyphoid fever, Salmonella, Shigellosis, Diphtheria, Scarlet fever, contagious forms of Leprosy, Meningitis, Febris ondulans, Puerperal streptococcus, Pomphigus neonatorum, Erysipelas neonatorum, Epidemic diarrhea in infants, Viral encephalitis, Infectious hepatitis, Rabies, Hemorrhagic or non-hemorrhagic pyrexia from: * arbo, * toga, *arena, Rhabdovirus, Rickets, Ornithosis psittacosis, Amoebiasis and other forms of dysentery, Gonorrhea, Bleeding ulcers, Infectious dermatisis, Whooping cough, Mumps, Measles, Rubella, Chickenpox.
5- Toxicomania
6- Blatant psychological aberrations, manifest states of psychotic behavior, delirious or hallucinatory psychosis.

Certificate given at:

Signature:

Doctor’s stamp: