MEDICAL CERTIFICATE OF GOOD HEALTH

| This certificate verifies that: |
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| Mr./Ms. |
| is free of drug addiction, mental illness, and does not suffer from any disease that |
| could cause serious repercussions to public health according to the specifications of |
| the International Health Regulations of 2005. These contagious diseases include, but |
| are not limited to smallpox, poliomyelitis by wild polio virus, the human influenza |
| caused by a new subtype of virus and the severe acute respiratory syndrome (SARS), |
| cholera, pneumonic plague, yellow fever, viral hemorrhagic fevers (e.g.: Ebola, Lassa, |
| Marbug), West Nile Virus and other illnesses of special importance nationally or |
| regionally (e.g.: Dengue Fever, Rift Valley Fever, and meningococcal disease). |
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| Original Physician Signature & Stamp: |
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| Place and date: |