

Name of tourism entity:

Date:

Purpose: Health Certificates Checklist

#	Employee's surname	Employee's first name	Employee's ID number	Job title or Department	Does the employee have a health certificate? (Yes/No)	Certificate's expiration date

By signing and stamping this form, I certify that the information provided is accurate and true to best of my knowledge. I understand that I will have to present original copies of the health certificates during physical inspection.

Signature:

Name and Title:

Official stamp of the tourism entity: