

HEALTH CERTIFICATE FOR TRAVELING TO INDONESIA

PART I: TO BE COMPLETED BY THE TRAVELER

Name of traveler:

Place, Date of birth:

Travelling to Indonesia foreseen on:

PART II: CERTIFICATION BY LICENSED MEDICAL DOCTOR

I hereby certify that I am a currently licensed medical doctor.

I furthermore certify that the above named, is in good health, and has no any of the following symptoms (Fever, Cough, Runny nose, Sore throat, Shortness of breath) which would counter-indicate his/her stay in Indonesia or traveling to Indonesia.

Name of Doctor (print legibly or type) _____

Signature of Doctor: _____ Date: _____

Venue (and official seal or stamp):

PART III: CERTIFICATION TRAVELLER

I have disclosed to the medical doctor certifying my fitness all health conditions or symptoms known to me, whether manifest at the time of the certification or not, and am aware of no physical or other condition that may be aggravated during my traveling stay.

Signature of traveler: _____ Date: _____