

Health Authority Certificate

This is to certify that the individual named below has been granted a waiver from mandatory testing requirements for travel.

Name of Traveler:	
Passport/ID Number:	
Date of Birth:	
Reason for Waiver:	
Valid Until:	

This certificate is issued under the authority of the National Health Authority and is valid for official use only.

Issuing Officer:

Date of Issue:

Official Stamp/Signature: