

# Eco-Tourism Volunteer Health Certificate

Certification of Health Status for Program Participation

**Volunteer Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Passport/ID Number:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Program/Project Name:** \_\_\_\_\_

**Destination (Country/Region):** \_\_\_\_\_

**Assessment Date:** \_\_\_\_\_

**Health Assessment & Findings:** \_\_\_\_\_

**Immunizations / Vaccines:** \_\_\_\_\_

**Chronic Illnesses or Allergies:** \_\_\_\_\_

This is to certify that the above-mentioned individual has been medically examined and is deemed fit to participate in the eco-tourism volunteer program specified above.

\_\_\_\_\_

Physician's Signature & Stamp

\_\_\_\_\_

Date