

**Health declaration of a medical certificate applicant regarding
suffering from infectious diseases
(filled by the applicant)**

Questions	No	Yes	Notes
Have you suffered or currently suffer from:			
- Viral hepatitis			
- Pulmonary tuberculosis			
- Skin infections			
- Salmonellosis*			
- Typhoid/paratyphoid fever*			
- Dysentery*			
- Other intestinal infections*			
- Gastrointestinal diseases of unknown origin (diarrhoea, nausea, vomiting, yellow skin)*			
- Diphtheria and diphtheria carrier			
- Upper respiratory tract abscesses			
Have you been to other countries aside from Estonia in the last two months?			Country/countries:
Have you been previously provided with work restrictions after a medical examination?			
MRSA carrier ¹			

If answered positively, please specify the details in "Notes".

* Has occurred within the last month

¹ MRSA carrier – being a carrier of multi-resistant *Staphylococcus aureus*, which has been proven by a laboratory examination.

I hereby confirm that the above information is correct

Name and signature of the employee

Date