

Certification Statement – Asthma/Respiratory Ailments

I, _____, hereby certify that the individuals listed below have asthma and/or other respiratory ailments.

Name

Relationship

(Include **yourself** and/or any dependents that you are requesting to accompany you on your overseas tour.)

I do not have any individuals to list above. Neither my dependents nor myself have asthma and/or other respiratory ailments to report on this form.

Sponsors Signature

Date