

**PUBLIC HEALTH AUTHORITY  
PUBLIC HEALTH SERVICES**  
P. O. Box 52, Seychelles Hospital, Mahé, Republic of Seychelles  
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*Please address all correspondence to the Public Health Commissioner*

**HEALTH CERTIFICATE FOR TOURISM ESTABLISHMENT**

**Name of Hotel Establishment: Rose Harry Cove**

**Address: Mare Anglaise, Glacis**

**Contact Person: Mr. Paul Michaud**

**Contact Number: 2510053/2527736**

**I CERTIFY THAT THE ABOVE NAMED ESTABLISHMENT HAS MET THE PUBLIC HEALTH REQUIREMENTS.**

  
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**FOR: PUBLIC HEALTH COMMISSIONER**



**Date: 03<sup>rd</sup> August 2020**

