



### Health Declaration

This form must be completed and signed even if the doctor's signature is in an accompanying form.

Only the original can be sent.

I, the undersigned \_\_\_\_\_: Phone number (mobile numbers are preferred)

\_\_\_\_\_

Last Name: \_\_\_\_\_ Private \_\_\_\_\_ ID Number \_\_\_\_\_

Address \_\_\_\_\_

I declare the following:

1. In the past, I had the following illnesses:

\_\_\_\_\_

2. I do not have / have a disability or physical disability or functional disability. If there is, please specify:

\_\_\_\_\_

3. To the best of my knowledge, my health status at the time of signing this statement is perfectly valid / have the following ailments: \*\*

\_\_\_\_\_

I hereby acknowledge and agree that the above-mentioned is accurate, complete and correct private information regarding my past and present health situation. In witness whereof I sign below: (In the absence of one of the signatures, of the candidate or of the doctor, the form is considered invalid)

Date \_\_\_\_\_ Candidate Signature \_\_\_\_\_





I confirm that the health status of \_\_\_\_\_ (name and family) is completely fine and is not sick with the following: mental illnesses, a disease that may endanger the health of other people, poor fitness that may deprive a candidate or student of the ability to engage in the disciplines.

\_\_\_\_\_

The stamp of the confirming physician

\* Please delete what is not correct: I have been hospitalized more than once, please attach an additional document \* with details of hospitalization (the hospital, the hospitalization times and reasons).

\*\* Please delete the unnecessary

