

Health Condition Declaration Statement Form Sample

This **Health condition declaration statement form sample** is designed to collect accurate and essential information about an individual's medical status. It ensures proper documentation for health assessments and compliance with safety regulations. Using this form helps streamline the evaluation process for various health-related requirements.

Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Health Status

Do you currently have, or have you ever had, any of the following conditions?

Diabetes

Hypertension

Heart Disease

Respiratory Issues

Severe Allergies

None of the above

List any current medications you are taking:

Have you been hospitalized in the last 12 months?

-- Select --

Please specify any other health conditions or relevant medical history:

Declaration

☐ I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that providing false information may affect my eligibility for health clearance.

Signature

Type your full name as signature

Date

Submit Declaration