

Health Declaration Form Sample for Hospital Admission

A **health declaration form** sample for hospital admission collects essential medical information to ensure patient safety and accurate treatment. This document helps healthcare providers assess any existing conditions or allergies before procedures. Proper completion of the form is crucial for effective medical care and emergency preparedness.

Patient Information

Full Name:

Date of Birth:

Gender:

Contact Number:

Address:

Medical History

Existing Conditions (e.g., diabetes, hypertension):

Allergies (medication, food, etc.):

Current Medications:

Past Surgeries or Hospitalizations:

COVID-19 Related Questions

Question	Yes	No
Have you experienced fever, cough, or difficulty breathing recently?	<input type="radio"/>	<input type="radio"/>
Have you been in contact with a confirmed COVID-19 case in the past 14 days?	<input type="radio"/>	<input type="radio"/>
Have you traveled internationally in the last 14 days?	<input type="radio"/>	<input type="radio"/>

Emergency Contact

Emergency Contact Name:

Relationship:

Contact Number:

☐ I hereby declare that the above information is true to the best of my knowledge.

Signature:

Date:

Submit