

Declaration of Good Health Form for Students

Student Information

Full Name	_____
Date of Birth	____ / ____ / ____
Student ID	_____
Grade/Class	_____

Health Declaration

I, the undersigned, declare that:

- I am presently in good physical and mental health.
- I have not experienced any symptoms of illness (such as fever, cough, shortness of breath, or contagious diseases) in the last 14 days.
- I do not have any medical condition or restriction that prevents participation in school activities.
- I agree to inform the school immediately if there is any change in my health status.

Medical History

Do you have any chronic illnesses or allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
Current Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____

Student's Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Note: This Declaration of Good Health form ensures that students meet the required health standards for participation in school-related activities, promoting a safe and supportive learning environment.