

Declaration of Good Health

The **Declaration of Good Health** form sample is essential for wellness programs to ensure participants meet the necessary health criteria before enrollment. This document helps identify any medical conditions that may require further evaluation, promoting a safe and supportive environment. Utilizing a clear and concise health declaration streamlines the intake process and enhances program effectiveness.

Personal Information

Full Name:

Date of Birth:

Contact Number:

Health Declaration

In the past 12 months, have you experienced or been diagnosed with any of the following? Please select all that apply:

☐ Heart disease/chest pain ☐ High blood pressure ☐ Diabetes ☐ Asthma/respiratory issues ☐ None of the above

Other relevant medical information or conditions (if any):

☐ I hereby declare that the information provided above is accurate to the best of my knowledge. I agree to notify the wellness program of any change in my health status. I understand that providing false or misleading medical information may affect my participation in the program.

Signature:

Date:

Submit