

# Self-Declaration Form for Medical Fitness

This **self-declaration form sample for medical fitness** ensures individuals accurately report their health status. It streamlines the process of verifying medical eligibility for various activities or employment. Using this form helps maintain safety and compliance with health standards.

Full Name:

Date of Birth:

Address:

Contact Number:

Email Address:

Do you have any existing medical conditions?

(Please specify or write "None")

Are you currently taking any medication?

(Please specify or write "None")

Have you experienced any of the following in the last 14 days?

Fever, cough, breathlessness, loss of taste/smell, or other symptoms

*I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that providing false or misleading information may result in consequences as determined by the concerned authority.*

Signature:

Date: