

# Declaration of Good Health Form

The **Declaration of Good Health** form sample is essential for visa processing, ensuring applicants meet health requirements. This document provides a standardized format for reporting medical status, facilitating smooth verification by immigration authorities. Proper completion of the form helps expedite visa approval by confirming the applicant's fitness to travel.

## Applicant Information

Full Name:

Date of Birth:

Passport Number:

Nationality:

## Health Declaration

Do you currently, or have you recently, suffered from any of the following? Please tick "Yes" or "No".

Condition	Yes	No
Fever, cough, or respiratory illness	<input type="radio"/>	<input checked="" type="radio"/>
Infectious diseases (e.g. tuberculosis, hepatitis)	<input type="radio"/>	<input checked="" type="radio"/>
Chronic illnesses (e.g. diabetes, heart disease)	<input type="radio"/>	<input checked="" type="radio"/>
Recent surgery or hospitalization	<input type="radio"/>	<input checked="" type="radio"/>
Other health conditions (please specify below)	<input type="radio"/>	<input checked="" type="radio"/>

If "Yes" to any above, provide details:

## Declaration

I, the undersigned, hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false information may affect my visa application.

Signature:       Date:

Submit