

Medical Declaration Form for Chronic Illness

A **medical declaration form** sample for chronic illness provides a structured template for individuals to disclose ongoing health conditions accurately. This form ensures comprehensive documentation of medical history, facilitating better healthcare management and emergency response. Proper use of such forms supports clear communication between patients and healthcare providers.

Personal Information

Full Name:

Date of Birth:

Contact Number:

Chronic Illness Details

Name of Chronic Illness:

Date of Diagnosis:

Current Treatment/Medications:

Known Allergies:

Emergency Contact

Name:

Phone Number:

Relationship:

Declaration

I declare that the information provided above is accurate and complete to the best of my knowledge.

☐

 I agree

Signature:

Date:

Submit