

Medical Declaration Form Sample for Visa Application

The **medical declaration form** is a crucial document required during the visa application process to ensure the health and safety of travelers. This form typically requests detailed health information and recent medical history. Proper completion of the medical declaration form helps streamline visa approval and complies with immigration health regulations.

Personal Information

Full Name:

Passport Number:

Date of Birth:

Nationality:

Medical History

Have you been diagnosed with any chronic illnesses?

☐ Diabetes

☐ Hypertension

☐ Asthma

☐ None

Other (please specify):

Are you currently taking any prescribed medication?

☐ Yes

☐ No

If yes, please provide details:

Recent Health Status

Have you had any fever, cough, or difficulty breathing in the last 14 days?

☐ Yes

☐ No

Have you traveled to any countries with recent infectious disease outbreaks in the past 30 days?

☐ Yes

☐ No

If yes, specify the countries and dates:

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in the refusal of my visa application.

Applicant's Signature:

Date:

Submit