

# Declaration of Good Health

The **Declaration of Good Health** form sample is an essential document for insurance applications, confirming the applicant's current health status. This form helps insurers assess risk by providing accurate medical information before policy approval. Utilizing a standardized sample ensures clarity and consistency during the application process.

## Personal Details

Full Name:

Date of Birth:

Address:

Contact Number:

## Health Declaration

I hereby declare that I am currently in good health, not suffering from any chronic or serious illnesses, and have not had any major surgery in the last 12 months.

I confirm that I do not have symptoms such as fever, cough, difficulty breathing, or any communicable diseases at the time of this declaration.

## Medical History

Do you have or have ever had any chronic or long-term illnesses (e.g., diabetes, hypertension, heart disease)?

If none, write 'None'

Have you been hospitalized or undergone surgery in the last 5 years?

If none, write 'None'

I declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false or incomplete information may result in denial or cancellation of insurance coverage.

Signature:

Type your full name

Date: