

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:

Submit