

Declaration of Good Health Form

For Senior Citizens

The **Declaration of Good Health** form sample for senior citizens is a vital document that confirms an individual's current health status. It is designed to ensure accurate health disclosure for better medical and insurance evaluations. This form helps in facilitating appropriate healthcare services and coverage for elderly individuals.

Personal Information

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Residential Address:	<input type="text"/>
Contact Number:	<input type="text"/>

Health Status Declaration

Please answer the following questions by ticking the appropriate box.

1. Do you currently suffer from any chronic illness? If yes, please specify.	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <input type="text"/>
2. Have you been hospitalized in the last 12 months? If yes, reason:	<input type="checkbox"/> No <input type="checkbox"/> Yes, reason: <input type="text"/>
3. Are you currently taking any medication? If yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <input type="text"/>
4. Do you have any allergies? If yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: <input type="text"/>
5. Are you able to perform daily activities independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I, the undersigned, declare that the information provided above is true and correct to the best of my knowledge. I understand that any misrepresentation or omission may affect my eligibility for medical or insurance benefits.

Date:

Signature: