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# Health Declaration Form Online

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## Personal Information

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

## Health Questions

Have you experienced any health concerns in the last 30 days?

Yes / No

If yes, please explain: \_\_\_\_\_

Are you currently taking any medications or undergoing treatment?

Yes / No

If yes, specify the medication or treatment: \_\_\_\_\_

Have you recently traveled to any country with known health outbreaks?

Yes / No

If yes, provide the name of the country: \_\_\_\_\_

## Digital Signature

I declare that the provided information is true and correct.

[Sign Here] \_\_\_\_\_

Date: \_\_\_\_\_