

HEALTH DECLARATION FORM

I hereby declare that I am **free** from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE
	YES	NO	
Tuberculosis			IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO UNIVERSITY HEALTH CENTRE.
Hepatitis B			
Hepatitis C			
HIV			
Drug use/abuse of:			
1. Opiates			
2. Cannabinoids			
3. Amphetamine			
4. Methamphetamine			
Sexually Transmitted Diseases			
Congenital or Inherited Disorder			
Cancer			
Epilepsy			
Psychiatric Illness			
Other illness			

I declare that I will submit for compulsory Medical Examination Report according to University regulations.

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Date (dd/mm/yyyy)

.....
Name of applicant as Identity Card (I/C)

.....
Applicant's signature

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Applicant's Identity Card (I/C) number