

Personal Statement of Health -DECLARATION OF GOOD HEALTH (Valid for 3 months from the signature date)

Name of the Student

[illegible]

Passport No.

Please provide the information required below pertaining to the requirements of traveler to be insured:

A . Personal health details:

1. Have you suffered from any of the following conditions mentioned below ?	Yes	No	Mention details, as applicable
a) Cardiovascular disorders such as chest pain, heart attack, arrhythmia, palpitations, giddiness, anxiety, Cardiomyopathy, Hypertension/High Blood pressure, Coronary artery bypass grafting (CABG), Angioplasty (PTCA) or any other heart related conditions.	☐	☐	
b) Respiratory disorders such as bronchitis, asthma, wheezing, pneumonia, tuberculosis, any other disease of chest and lungs.	☐	☐	
c) Gastrointestinal system disorders- Gastritis, ulcer, hernia, disease of liver, pancreas, spleen, stomach, disease of short and long intestine, Jaundice, etc.	☐	☐	
d) Urinary system disorders such as disorder related to kidney, urinary bladder, ureter, prostate, hydrocele, etc.	☐	☐	
e) Nervous system disorders such as paresis, transient ischemic attack, paralysis, Stroke, Alzheimer, Parkinson's, meningitis, multiple sclerosis, epilepsy, blackouts, migraine or any other disorder or tumor of brain, spinal cord or nerves. Mental disorders such as major or minor depression, obsessive compulsive disorder, addictions, uncured insomnia, anxiety or nervous breakdowns.	☐	☐	
f) Ear, Nose, Throat, Mouth system disorders such as ear discharge, nose bleeding, deafness, blindness, hearing loss, etc. Skin disorders such as varicose veins, psoriasis, eczema, moles or dermatitis. Musculoskeletal disorder such as Arthritis, gout, rheumatism, disc prolapse, fracture history, Osteoporosis, back pain, disorders of bones or any other conditions.	☐	☐	
g) Diabetes/ elevated blood sugar/sugar, ketone, proteinuria or diabetes related complications such as diabetic coma or any other hormonal diseases related to Thyroid gland or any other hormonal imbalance.	☐	☐	
h) Cancer or tumor or benign tumor or cyst, lump, enlargement of lymph nodes or any other growth.	☐	☐	
i) Blood disorders such as anemia, hemophilia, thalassemia, leukemia or any other blood disorder or suffered from dengue, swine flu or encephalitis.	☐	☐	
2. Have you undergone any lab test including HIV & HBsAg, radiological test or any special investigation test such as ECG, MRI, CTMT, etc. or suffered from any accidents, injury, major burns or advised hospitalization?	☐	☐	
3. Do you have any recurrent medical condition, physical disability, deformity, any illness or injury that has kept you away from work?	☐	☐	
4. Have you been tested positive for HIV / AIDS or Hepatitis B or C or have been tested / treated for other sexually transmitted diseases OR are you awaiting the results of such a test?	☐	☐	
5. Are you currently in good health?	☐	☐	

Does your child have a food allergy / intolerance?

Allergy/Special Dietary Requirements Symptom Treatment/Action	Symptom	Treatment/Action

We hereby declare that all the information given by us on behalf our son is true and we have not withheld any material fact within our knowledge.

Full Name of Father & Signature: _____

Full Name of Mother & Signature: _____