

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

Name of the Student

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:

Parent / Guardian Medical Declaration & Consent

(To be completed and signed by Parent / Legal Guardian)

Student Details

- **Student Name:** _____
- **Date of Birth:** _____
- **School Name:** _____
- **Tour Destination(s):** Australia / United Kingdom / South Africa / Spain
- **Tour Dates:** _____

Medical Declaration

I, the undersigned parent / legal guardian of the above-named student, hereby declare that:

1. My child is **medically fit** to participate in the international sports and educational tour organised by **MAMS Sports Tours**.
2. All **routine childhood vaccinations** applicable in India are **up to date**, and any **destination-specific vaccinations or preventive medication** advised by our medical practitioner have been administered or will be administered prior to departure.
3. I have disclosed **all relevant medical information**, including but not limited to:
 - a. Existing medical conditions
 - b. Allergies (food, medication, environmental)
 - c. Ongoing medication or treatment
 - d. Any physical or psychological condition requiring attention

Details (if any):

Medication Declaration

- I confirm that my child will carry any **prescribed medication** along with a **doctor's prescription**, clearly labelled with usage instructions.
- I understand that MAMS Sports Tours staff are **not medical professionals** and will only assist in administering medication as per written instructions, where permitted.

Consent for Medical Treatment

In the event of illness, injury, or medical emergency during the tour, I hereby:

- Authorize **MAMS Sports Tours**, tour leaders, or appointed representatives to arrange **medical consultation, treatment, hospitalization, or emergency procedures** deemed necessary by a

qualified medical professional.

- Agree to bear **all medical expenses** not covered by the mandatory travel insurance policy.

Insurance Acknowledgement

I confirm that my child will be covered by **comprehensive travel insurance**, including:

- Medical treatment
- Hospitalization
- Emergency evacuation and repatriation

Acknowledgement & Acceptance

I acknowledge that:

- International travel involves inherent risks.
- Health advisories and vaccination recommendations have been communicated clearly.
- I accept full responsibility for providing accurate medical information.

I hereby **grant consent** for my child to participate in the tour and agree to all health, safety, and medical protocols laid down by **MAMS Sports Tours**.

Parent / Guardian Details

- **Name:** _____
- **Signature:** _____
- **Date:** _____
- **Contact Number (24-hour emergency):** _____
- **Email ID:** _____