

Health declaration

First name(s) in full _____

Surname (family name) _____

Date of birth _____ Male / Female _____

Current address _____

Postal code _____ City _____ Country _____

Telephone number _____ Mobile phone number _____

Name of doctor _____

Country you are travelling to _____

Arrival date _____ Departure date _____

Are you suffering from or have you ever suffered from any of the following?

			Comment / Explanation
Depression, anxiety, stress-related illness or other mental health problems, including self-harm and eating disorders	Yes	No	Kind:
Blackouts, fits, epilepsy or faints	Yes	No	
Heart problems	Yes	No	Kind:
Blood disease	Yes	No	Kind:
Diabetes	Yes	No	
Breathing difficulties such as asthma	Yes	No	Kind:
Problems with back, neck, arms, legs or joints	Yes	No	
Alcohol or drug dependency or misuse	Yes	No	Kind:
Tuberculosis	Yes	No	
Hepatitis (A or B)	Yes	No	
Allergies	Yes	No	Kind:

Signature _____

Signature doctor _____

Date _____