

## HEALTH DECLARATION FORM FOR APPLICANTS

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

ITEMS	SELF		IF NO, PLEASE STATE
	YES	NO	
Tuberculosis	X		<b>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 THE UNIVERSITY PANEL CLINIC/UNIVERSITY HEALTH CENTRE.</b>
Hepatitis B	X		
Hepatitis C	x		
HIV	x		
Drug use/abuse of:			
1. Opiates	X		
2. Cannabinoids	X		
3. Amphetamine	X		
4. Methamphetamine	X		
Sexually Transmitted Diseases	X		
Congenital or Inherited Disorder	X		
Cancer	X		
Epilepsy	X		
Psychiatric Illness	X		
Other illness	X		

I declare that I will submit myself for compulsory Post-Arrival Health Examination as per regulations. In the event that I should be diagnosed with any condition that deems me **UNSUITABLE** for activities, I will bear the cost of leaving the country and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from the country but requires medical treatment and I choose to remain in country to continue the duration of the camp, I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that the Clinic/University Health Centre shall not be responsible in any manner or whatsoever, arising out of the Panel Clinic/University Health Centre certification of my medical status as suitable to study or reside in the country despite the medical condition described above. I further undertake to hold the Panel Clinic/University Health Centre harmless from any loss or liability arising from this decision and agree to indemnify and keep the Panel Clinic/University Health Centre from any loss or liability arising from this decision.

08/04/2020

**Date (dd/mm/yyyy)**

Amro Jamal KHAN

**Name of applicant as indicated in the passport**

A.J.Khan

**Applicant's signature**

502637654

**Applicant's passport number**

**Kindly ensure all information requested in this form is complete and updated in English Language.**