

# Student Exchange Health Declaration Form

Full Name

Date of Birth

Gender

Passport Number

Nationality

Contact Number

Email Address

Current Address

Emergency Contact Name

Emergency Contact Phone

Relationship

Do you have any chronic illnesses or allergies?

Are you currently taking any medication? Please specify.

Have you had any recent surgeries or hospitalizations? If yes, please explain.

COVID-19 Vaccination Status

Other relevant medical information

Date

Signature