

Student Exchange Tourist Medical Information Declaration Form

Personal Information

Full Name

Date of Birth

Passport Number

Nationality

Email Address

Contact Number

Program Information

Hosting Institution

Duration of Stay

Arrival Date

Emergency Contact

Emergency Contact Name

Relationship

Contact Number

Email Address

Medical Information

Blood Type

Do you have any allergies?

Are you currently taking any medication?

Do you have any chronic medical conditions?

Additional Medical Information

Declaration

☐ I declare that the information provided is true and complete.

Signature

Date

