Official Statement of Health

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Passport No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_),

promise my body is free of diseases.

I have not had any of the following diseases: Typhus fever, Poliomyelitis, Diphtheria, Scarlet fever, Relapsing fever, Bacillary dysentery, Brucellosis, Viral hepatitis, Puerperal streptococcus, infection, Typhoid and paratyphoid fever and Epidemic cerebrospinal meningitis.

I am also not aware of having any of the following: Cholera, Yellow fever, Plague, Leprosy, Venereal Disease, Opening lung tuberculosis, AIDS, Psychosis.

Although it is 100% my belief that I do not have any of the above conditions, in the case any of these diseases are found, I will take all responsibility as needed.

Signature

Date