

## HEALTH DECLARATION FORM UKM SHORT TERM MOBILITY PROGRAMME

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

ITEMS	SELF		IF NO, PLEASE SPECIFY
	YES	NO	
Tuberculosis			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 UNIVERSITI KEBANGSAAN MALAYSIA (UKM).
Hepatitis B			
Hepatitis C			
HIV			
Drug use/abuse of:			
1. Opiates			
2. Cannabinoids			
3. Amphetamine			
4. Methamphetamine			
Sexually Transmitted Diseases			
Congenital or Inherited Disorder			
Cancer			
Epilepsy			
Psychiatric Illness			
Chronic Allergies:			
1. Food			
2. Insects bite			
3. Dust			
Asthma			
Migraine			
Gastritis			
Other illness			

I declare that I am free from any diseases. In the event I should be diagnose with any medical conditions, I will bear any and all costs directly and indirectly related to the medical management of my medical conditions.

I confirm that Universiti Kebangsaan Malaysia (UKM) will not be responsible in any manner or whatsoever, arising out of my medical condition as described above.

.....  
Date (dd/mm/yyyy)

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

.....  
Signature

.....  
Passport Number