

Health Status Affidavit

I, , born on , residing at ,
hereby declare under oath the following health status information:

- 1. Have you been diagnosed with any chronic illnesses?
- 2. Are you currently taking any medications?
- 3. Do you have any allergies?
- 4. Do you have any physical or mental condition limiting your daily activities?

I certify that the above information is true and correct to the best of my knowledge and belief.

Date:

Signature: