

Health Status Affidavit

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

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

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

Date: [REDACTED]

Signature: [REDACTED]