

Statement of Current Health

I, , hereby declare that as of the date below, to the best of my knowledge:

1. I am in good physical and mental health.
2. I have not experienced any serious illness or injury in the past year.
3. I am not currently taking any regular medication (other than those stated below).
4. I do not have any chronic or contagious diseases.

List any current medications or health conditions:

Signature:

Date: