### horizontal line**Self Declaration Statement for Health**

**I. Introduction** This Self Declaration Statement is personally issued by [Your Name] to provide a transparent account of [his/her] current health status and medical history. This declaration is intended to serve as a reliable document for necessary personal, medical, or professional reference.

**II. Health Information**

* **General Health Status**: [State General Well-being or Specific Health Conditions]
* **Chronic Conditions**: [List any Chronic Illnesses]
* **Medications and Treatments**: [Detail Any Ongoing Medications or Treatments]
* **Allergies**: [Specify Any Allergies, Include Food, Drug, and Environmental Allergies]
* **Dietary Restrictions**: [Mention Any Dietary Needs or Restrictions]
* **Exercise Regimen**: [Describe Your Regular Physical Activities]

**III. Recent Medical History**

* **Doctor Visits**: [Recent Visits to Clinics or Hospitals]
* **Hospitalizations**: [Any Hospital Stays in the Past Year]
* **Surgeries and Procedures**: [List Recent Surgeries or Medical Procedures]
* **Mental Health**: [Discuss Any Mental Health Conditions and Treatments]

**IV. Family Medical History**

* **Genetic Conditions**: [List Any Relevant Family Genetic Conditions]
* **Family Health Issues**: [Note Significant Health Issues in Family that Could Affect You]

**V. Health Declarations**

* **Disability Status**: [State Any Disabilities and Accommodations Required]
* **Health Insurance Coverage**: [Details About Your Health Insurance Provider and Coverage Extent]
* **Emergency Contacts**: [Provide Contact Information for Emergencies]

**VI. Lifestyle Information**

* **Smoking/Alcohol Consumption**: [Detail Any Smoking or Alcohol Consumption Habits]
* **Recreational Drug Use**: [Mention Any Use of Recreational Drugs]
* **Stress Factors**: [Note Any Major Sources of Stress in Your Life]

**VII. Conclusion** By issuing this Self Declaration Statement for Health, [Your Name] affirms the accuracy and completeness of the information provided herein to the best of [his/her] knowledge and belief. [He/She] understands the importance of maintaining accurate health records and commits to updating this statement should there be any changes to [his/her] health status.

**Signature** [Your Signature] DATE: [Date]