
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]