

Personal Health Declaration Form

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| --- | --- |
| Full Name: |  |
| Passport Number: |  |
| Gender: |  |
| Date of Birth (DD/MM/YYYY): |  |
| Nationality: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | GENERAL QUESTIONS | Yes | No |
|  | Do you have any physical deformity/ handicap/ congenital defect/ disabled? |  |  |
|  | Are you now, or have you ever been, under permanent medicinal treatment? Please specify |  |  |
|  | Are you now, or have you ever been, under temporary medicinal treatment? Please specify |  |  |
|  | Do you now or permanently need to take, any drugs/medicines? |  |  |
|  | Have you ever been involved in an accident or undergone a surgical procedure? Please specify date(s) and the nature of the surgery and/or accident |  |  |
|  | Are you suffering from any chronic disease(s), active or in remission? Specify |  |  |
|  | Are you a candidate for any medical treatment, including, among other things, surgery or hospitalization? Please specify |  |  |
|  | Are you suffering or have you suffered from any infective disease? Please specify |  |  |
|  | Are you suffering from exhaustion or chronic fatigue? Please specify |  |  |
|  | Have you been diagnosed as suffering from autoimmune disease of any type (including lupus)? Please specify |  |  |
|  | Do you have any allergies? (dust, pollen, insects, food, medicines ect. ) Please specify |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | For women only: Are you pregnant? |  |  |

**Please explain all “yes” answers to questions above in detail:**

**If there is/are other thing(s) to mention concerning your health situation please indicate them in detail with your specific needs.**

**Declaration of the applicant:**

I accept that I am responsible with the health insurance and I have a valid health insurance which covers the period of my stay in Turkey. I accept to take all the responsibility of my own in case of any health problems. Also, I declare that I am in good health to take part in ...................................................... (the name of the project)

I hereby declare, agree and pledge that all the answers I have given above are correct and full, and that I provided them of my own free will.

Name&Surname

……………………………

Signature

……………………………

Date

……………………………

\*This form must be signed and send to [erasmus@yasar.edu.tr](mailto:erasmus@yasar.edu.tr) before the person departs to Turkey