

## Health Declaration

To be completed by the applicant's parent(s) or legal guardian

Please answer the following questions about state of health of your son/daughter and provide any extra information or detail which may be relevant.

Full name of applicant: \_\_\_\_\_

Question	[Yes or No]	Answer
Is your son/daughter in good health?	[Yes or No]	
If no, please give details ↓		
Is he/she is currently protected by immunisation from MMR (Measles, Mumps and Rubella, Polio and Tetanus)?	[Yes or No]	
During the past five years has he/she received hospital treatment for any operation or condition?	[Yes or No]	
If yes, please give details ↓		
Does he/she currently have any medical conditions?	[Yes or No]	
If yes, please give details ↓		
Is your son/daughter at present receiving medical or psychological treatment for any condition, except those named above?	[Yes or No]	
If yes, please give details ↓		
Does he/she have any medical or psychological problem known to you which may require specialist or hospital treatment?	[Yes or No]	
If yes, please give details ↓		

Signature of First Parent or Guardian

Signature of Second Parent or Guardian

Date