



IBO

Internationale Bouworde

# Health declaration

First name (s) in full \_\_\_\_\_ Surname (family name) \_\_\_\_\_

Date of birth \_\_\_\_\_ Male / Female \_\_\_\_\_

Current address \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Telephone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_

Name of doctor \_\_\_\_\_

Country you are travelling to: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Are you suffering from or have you ever suffered from any of the following?

Comment/explanation

	yes	no	Comment/explanation
Depression, anxiety, stress-related illness or other mental health problems, including self-harm and eating disorders			kind:
Blackouts, fits, epilepsy or faints			
Heart problems			kind:
Blood disease			kind:
Diabetes			
Breathing difficulties such as asthma			kind:
Problems with back, neck, arms, legs or joints			
Alcohol or drug dependency or misuse			kind:
Tuberculosis			
Hepatitis ( A or B)			
Allergies			kind:

Signature \_\_\_\_\_

Signature doctor \_\_\_\_\_

Date \_\_\_\_\_