

## STUDENT HEALTH INFORMATION

<b>Section A:</b>	
Surname _____	First Name _____
Home Address _____	
Address in Malta _____	
Date of Birth ___/___/___	Tel. No. _____
Passport No _____	Arrival/ Departure _____

<b>Section B:</b>	
<i>To be completed by candidate</i>	
➤ Do you have any medical condition? If Yes, please specify _____	
_____	
➤ Are you taking any specialised medical treatment? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please specify _____	

<b>Section C:</b>	
<i>To be completed by a Medical Practitioner</i>	
This is to certify that I have examined Mr./Ms. _____	
The information given above is correct, and s/he is in a state of good health.	
Signature of Medical Practitioner _____	Date _____
Official Stamp of Medical Practitioner	

<b>Section D:</b>	
<b>Declaration</b>	
I declare that all the submitted information is true, and to the best of my knowledge, complete.	
Signature of candidate _____	Date _____

**This document is a very important requirement for enrolment purposes and students are strongly advised to provide this information prior to their arrival.**

**It is highly recommended that students obtain Travel Insurance covering: personal belongings, health services (for EU Students: health services not covered by the EHIC (European Health Insurance Card)), evacuation and repatriation.**

**Please be assured that all submitted information is regarded as confidential.**