

# Self-Health Declaration

Date .....

I, Name.....Nationality.....

Passport Number..... Date of Birth (dd/mmm/yyyy).....

hereby declare that I am free from the following diseases:

1	LEPROSY	麻瘋病	
2	TUBERCULOSIS (T.B.)	重度結核病	
3	ELEPHANTIASIS	大象腳病	
4	DRUG ADDICTION	法定毒品反應	
5	THIRD STEP OF SYPHILIS	第三期梅毒	

And I am in good physical, mental health, and free from any defect.

Signature ..... Applicant

( ..... )

Full Name