

STUDENT HEALTH INFORMATION

Section A:

Surname _____ First Name _____
Home Address _____
Address in Malta _____
Date of Birth ____/____/____ Tel. No. _____
Passport No _____ Arrival/ Departure _____

Section B:

To be completed by candidate

- Do you have any medical condition? If Yes, please specify _____

- Are you taking any specialised medical treatment? YES NO
- If YES, please specify _____

Section C:

To be completed by a Medical Practitioner

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

Section D:

Declaration

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.