

Health Declaration Form

New Student



To be completed by the student:

I confirm that I am physically capable of pursuing my study course at IMI.

I confirm that I am mentally capable of pursuing my study course at IMI.

Please list any known allergies: _____

Please list any medications taken on an ongoing basis: _____

Please list any other medical condition, physical limitations or special dietary requirements that IMI, as an educator and accommodation provider, should be aware of:

I consent to IMI storing my health and medical information on record and, where appropriate or necessary, consulting a health practitioner on my behalf:

PRINT NAME: _____ Student No.: _____

Signed: _____ Date: _____ Place: _____

To be completed by a registered health practitioner (preferably the family doctor):

I, the undersigned, confirm that, to the best of my knowledge, the information provided in the above form is accurate and true.

Signature/Stamp of health practitioner: _____

Date and Place: _____

Contact Telephone/Email: _____