



Personal Health Statement

I, _____ (Full Name of Student in Block Letters), student of _____ (Programme) of _____ (Faculty) of City University of Macau (hereinafter referred to as “the University”), holder of * Macao ID, HK ID, China ID, Non-resident Worker's Identification Card, Others: (Country/Region: _____; Type of entry identification document to Macau: _____); Identity Document Number: _____, hereby declare and acknowledge that (for fulfill the enrollment requirement):

1. Do you suffer from the following diseases*?

- | | | |
|----------------------|--------------------------|----------------|
| Psychiatric Disorder | <input type="checkbox"/> | Remarks: _____ |
| Infectious Disease | <input type="checkbox"/> | Remarks: _____ |
| Other | <input type="checkbox"/> | Remarks: _____ |
| None | <input type="checkbox"/> | Remarks: _____ |

2. Have you taken the vaccinations required by the Macau Health Bureau*?

- | | | |
|--|------------------------------|-----------------------------|
| At least 2 doses of Measles vaccine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| At least 1 dose of German measles (Rubella) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| At least 3 doses of Tetanus vaccine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| At least 1 dose of Diphtheria, pertussis vaccine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

【Personal Information Declaration】

- I agree that the above personal information will be used by the University for epidemic prevention management for enrollment.
- I agree that the above personal information will be submitted by the University to the medical institution for the purpose of verifying the student's identity during the physical check-up.
- I hereby declare that the above statement is true and valid.

Signature: _____

Date: _____ / _____ / _____

* Please tick as appropriate