

## DECLARATION OF GOOD HEALTH

All information contained in this form are treated in a confidential manner.  
Please complete the form in a legible way (in block letters). Thanks.

Name: \_\_\_\_\_ Surname \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_

A) Do you suffer from an allergy? Yes  No

If yes, specify which and indicate the medical treatment prescribed:

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B) Do you follow a diet? Yes  No

If yes, specify:

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C) Are you currently suffering from health problems or from consequences of an accident? Yes  No

If yes, specify:

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D) Are you on a medical treatment? Yes  No

If yes, specify:

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If yes, please provide to LSE a medical certificate that testifies what you have just declared.

E) Do you foresee to undergo an intervention or to be hospitalized? Yes  No

F) Do you suffer from alcoholism or other addictions (drugs, medicaments)? Yes  No

G) Do you smoke? Yes  No

H) Other health issues, if necessary:

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A false declaration stated at the points A) – G) can justify LSE cancellation of your enrolment to the program.

IN FAITH:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_