



Personal Health Statement

I hereby make a sincere declaration to complete the enrollment process for new students at the University:

1. Do you suffer from the following diseases?

- Psychiatric Disorder _____ Description _____
- Infectious Disease _____ Description _____
- Other _____ Description _____
- None _____

2. Have you completed 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"/> |
| At least 3 doses of Hepatitis B vaccine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

【Personal Information Statement】

I agree that the above personal information will be used by the University for epidemic prevention management of registration.

I agree that the above personal information will be handed over to the medical institution for the purpose of verifying the student's identity during the physical examination by the University.

I hereby declare that the above statement is true and valid.

Signature: _____

Date: _____