

## Health Declaration Form

(to be completed by person/applicant about suffering from some infectious disease)

Questions	Yes	No	Details
Have you ever had the following medical conditions:			
-viral hepatitis			
-tuberculosis			
-skin infection			
-salmonellosis*			
-typhoid and paratyphoid fever*			
-shigellosis (dysentery)*			
-other intestinal infections*			
-gastrointestinal diseases of unspecified causes(diarrhea, nausea, vomiting, jaundice) *			
-diphtheria and diphtheria carrier			
-upper respiratory tract (pus) infections			
Have You been out of Estonia in two last months?			
Have You ever been prescribed some limitations on work during the health control?			
MRSA-carrier status <sup>1</sup>			

*If any positive answer, please specify in Details*

\* has been in the last month

<sup>1</sup> MRSA-carrier status - laboratory confirmed multi-resistant bacteria *Staphylococcus aureus*

**I declare that the above information provided, is true.**

Applicant's Name and Signature

Date