



I hereby declare that I am free from the following diseases/conditions:

ITEMS	SELF		IF NO, PLEASE STATE	IF YOU HAVE SOUGHT CONSULTATION FOR ANY OF THE LISTED DISEASES/CONDITION, YOU ARE REQUIRED TO SUBMIT YOUR MEDICAL HISTORY/REPORT FROM YOUR TREATING PHYSICIAN TO UNIVERSITI TEKNOLOGI BRUNEI
	YES	NO		
Tuberculosis				
Hepatitis B				
Hepatitis C				
HIV				
Drug use/abuse of:				
1. Opiates				
2. Cannabinoids				
3. Amphetamine				
4. Methamphetamine				
Sexually Transmitted Diseases				
Congenital or Inherited Disorder				
Cancer				
Epilepsy				
Psychiatric Illness				
Other illness				
Other allergens				

I declare that I will submit myself the compulsory E-Arrival Card as per Brunei regulations. In the event that I should be diagnosed with any health condition that deems me **UNSUITABLE** for the programme, I will bear the cost of leaving Brunei and will adhere to the immigration requirements on the visit pass and exit before the pass expiration, or any deadline given to me whichever is earlier.

I declare that in the event I should be diagnosed with any conditions that does not require my removal from Brunei but requires medical treatment and I choose to remain in Brunei for the period of the programme, I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that Universiti Teknologi Brunei shall not be responsible in any manner or whatsoever, arising out of my medical status described above. I further undertake to hold Universiti Teknologi Brunei harmless from any loss or liability arising from this decision and agree to indemnify and keep Universiti Teknologi Brunei from any loss or liability arising from this decision.

.....
Date (dd/mm/yyyy)

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Name of applicant as indicated in the passport

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Applicant's signature

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Applicant's passport number Kindly ensure all