

## STATEMENT OF HEALTH FORM

I, the undersigned declare that my health has not changed since completion of my application, to DCare International Medical Insurance.

In addition, I have no treatment plans or pending medical conditions currently.

I am currently in good health, and the above statement is true and correct to the best of my knowledge.

**Signature of Applicant:**

**Applicant Name:**

**Date of Signature** (DD/MM/YY):