

**PARENT'S/GUARDIAN'S MEDICAL DECLARATION ON THE STUDENT'S PORTAL**

I hereby declare that my ward ..... of the  
(Student's name)  
department of ....., has one or more of the under listed  
health challenges;

(Please tick as appropriate – it may be more than one)

- Asthma Yes  No
- Epilepsy/Seizure disorder Yes  No
- Haemoglobinopathy (SS, SC) Yes  No
- High Blood Pressure Yes  No
- Mental Illness Yes  No
- Tuberculosis Yes  No
- Heart disease Yes  No
- Diabetes Yes  No
- Liver disease Yes  No
- Kidney disease Yes  No
- Hepatitis Yes  No
- Other (Please specify  
.....)

Upon the University's routine medical screening, should any of the above be confirmed and/or any other health issue(s) be detected, I shall be obliged to do the needful when duly notified.

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Parent's/Guardian's Phone Number: \_\_\_\_\_

Parent's/Guardian's Email: \_\_\_\_\_

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