**Health Affidavit**

**UM ISS 2022**

I, the undersigned below:

Name : .......................................................................................................................................

Place/Date of Birth : .......................................................................................................................................

Gender : Male or Female

Passport Number : .......................................................................................................................................

Nationality : .......................................................................................................................................

Email : .......................................................................................................................................

Mobile/Phone Number : .......................................................................................................................................

Home Address : .......................................................................................................................................

affirm that I do not have any medical circumstances (e.g., disability, chronic, terminal and contagious illness, such as: Tuberculosis, Hepatitis, HIV/AIDS, and Ebola; for Africans only) which might prevent me from completing my study in Universitas Negeri Malang (UM). I hereby certify that the information provided in this application is correct and accurate. I acknowledge that any incorrect or incomplete information may result in cancellation of my offer and/or my admission. I understand that UMreserves the right to revoke any decision regarding admission and my study made on the basis of incorrect or incomplete information.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(dd/mm/yy)

Signature Guardian/Parents’ Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Your Full Name) (Your Guardian/Parents’ Name)