

RVG EDUCATIONAL FOUNDATION - STUDENT HEALTH DECLARATION & UNDERTAKING FORM

This declaration is to be filled in by the student and jointly acknowledged by the parent / guardian at the time of admission. Kindly fill in genuine and true details.

A. HEALTH DECLARATION

Please tick (✓) YES or NO against each condition. If YES, kindly provide **complete details** in the "Details" column.

Sr. No.	Health Condition	Yes	No	Details (if Yes)
1	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
2	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
3	Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
4	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
5	Skin Infection / Allergy	<input type="checkbox"/>	<input type="checkbox"/>	
6	Sinus / Respiratory Issues	<input type="checkbox"/>	<input type="checkbox"/>	
7	Any Surgery done in the past	<input type="checkbox"/>	<input type="checkbox"/>	
8	Any implant / medical fitment in body (plates, rods, devices, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
9	Any ongoing medical treatment / medication	<input type="checkbox"/>	<input type="checkbox"/>	
10	Any other medical condition (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	

B. STUDENT UNDERTAKING

I, _____ (Name of Student), hereby declare that:

1. The above information provided by me is true, complete, and correct to the best of my knowledge.
2. I understand that RVG Educational Foundation will, to the extent possible, try to consider and offer reasonable support in case of any declared medical condition.
3. I further acknowledge that in situations where the Management is of the opinion that it may not be appropriate or safe to accommodate me, RVG shall have the sole right to reject or discontinue my admission, without any justification.
4. I clearly understand that any non-disclosure, concealment, or misrepresentation of my medical condition may pose serious risk to my health and safety and may affect my admission / renewal rights at RVG.
5. I agree that if any medical incident occurs due to non-disclosure or suppression of facts, RVG shall not be held responsible or liable in any manner whatsoever.

Signature of Student: _____

Date: _____

C. PARENT / GUARDIAN ACKNOWLEDGEMENT

I, _____ (Name of Parent / Guardian), have read and understood the above declaration and undertaking given by my ward.

I confirm that:

- I am aware of my ward’s health condition(s), if any, and
- I fully agree with the terms stated above.

I further acknowledge that RVG Educational Foundation shall not be held responsible for any medical support to be provided or any medical incident arising due to non-disclosure, incorrect information, or hidden medical history.

Name of Parent / Guardian: _____

Relationship with Student: _____

Signature: _____

Contact Number: _____

Date: _____