**STATEMENT**

Applicant’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s name at birth/maiden name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Passport Nr.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden name of applicant’s mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you play any sports on a regular basis? ……………………………………...............................................................................................

What kind of sports do you play?  
……………………………………...............................................................................................

Do you need glasses? ...................................................................................................................

What dioptric are your eyeglasses?...............................................................................................

Have you been excused from playing sports? .......................................................................................................................................................   
When? ..........................................................................................................................................

What was the reason? ...................................................................................................................

Can you swim?..............................................................................................................................

Do you perceive depth? ................................................................................................................

Do you have any physical disability? .......................................................................................................................................................

Do you have any persistent or chronic illness?  
………………………………………………………...................................................................

Have you been currently diagnosed with an illness? .......................................................................................................................................................

**I, the undersigned, declare that I have no concealed disease.**

Date: ………………………………

……...................................................

Applicant’s signature