

HEALTH GUARANTEE LETTER
Student Mobility Program

Date: [DD / MM / YYYY]

To Whom It May Concern,

I, the undersigned, hereby confirm that:

- I am in good physical and mental health
- I will be responsible for covering my own expenses related to my health by getting a health insurance during the program
- If anything happens regarding my health, I will inform my closest relatives and/or seek immediate assistance from credible parties to help my condition;
- I hereby authorize Directorate of Partnerships operatives to contact the designated emergency contact listed below in the event of any emergency situation

Emergency contact information:

Name :

Phone number :

Email address :

The person's relation to me : [parent / spouse / sibling / guardian / etc.]

Sincerely,	Acknowledged by,
[Signature]	[Signature]
[Your Full Name]	[Emergency contact's name]