

RPSP/PAJPH AUTHOR DECLARATION FORM

MANUSCRIPT INFORMATION

Manuscript title: _____

- Article type (please check one):
- Original research
 - Review
 - Special report
 - Brief communication
 - Opinion & analysis
 - Current Topic
 - Letter to editor
 - Intelligence Brief

AUTHORSHIP CONFIRMATION

By signing below, I confirm that I meet the criteria for authorship in accordance with the International Committee of Medical Journal Editors (ICMJE) guidelines. I attest that I have made a substantial contribution to this work, approve the version submitted, and agree to be accountable for the accuracy and integrity of the content.

| AUTHOR NAME | CONTRIBUTION (e.g., study design, data collection, analysis, writing) | SIGNATURE |
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(Additional authors should be listed on Page 2.)

CONFLICTS OF INTEREST DISCLOSURE

I/we declare **no conflicts of interest.**

I/we declare the following conflict(s) of interest (please specify):

ADDITIONAL AUTHORS

| AUTHORS NAME | CONTRIBUTION (e.g., study design, data collection, analysis, writing) | SIGNATURE |
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FUNDING STATEMENT

Please list all funding sources that supported this work, including grant numbers if applicable. If none, write "None."

OTHER DECLARATIONS / ADDITIONAL INFORMATION

Corresponding Author Name:

Signature:

Date: