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REVISED v2.0

Government of St. Kitts & Nevis

For official use only

Application Number

Medical Certificate

This Medical Certificate is to be completed in **English** by a registered medical practitioner. Please supply additional details on a separate sheet if necessary. **One form for each person** (including children) is to be completed. Note that the medical practitioner must ask for evidence of identification (such as a passport or ID card) - see sections A and D of this form.

A. Personal Details

A1. Surname or family name as shown in passport	**A2. First or given name(s)** as shown in passport	
A3. Place and country of birth	**A4. Date of birth** _____ _____ _____ *Day* *Month* *Year*	**A5. Gender** ☐ *Male* ☐ *Female*
A6. Address	**A9. ID/passport details -** issuing country and ID/passport number	

B. Statement of Health

The Medical Examiner is requested to ask the following questions or to review them if they have been answered previously. Give details (if necessary on an attached sheet) and dates if any of the questions below are answered with yes.

B10. Do you currently have any serious health problems? ☐ *Yes* ☐ *No*

B11. Have you been hospitalised in the last five years? ☐ *Yes* ☐ *No*

B12. Have you visited a doctor in the last three years other than for routine check-ups? ☐ *Yes* ☐ *No*

B13. Do you suffer or have you ever suffered from tuberculosis, hepatitis, typhoid or any other communicable diseases? ☐ *Yes* ☐ *No*

B14. Do you suffer or have you ever suffered from AIDS or AIDS related conditions or any immune deficiency syndromes? ☐ *Yes* ☐ *No*

B15. Do you suffer or have you ever suffered from any nervous or mental illness or disorders? ☐ *Yes* ☐ *No*

C. Medical Examination

The Medical Examiner is requested to examine the applicant generally and to answer the following questions. Give details and dates if any of the questions below are answered with yes.

C16. Weight (in kg)	**C17. Height** (in cm)
C18. Skin - Are there any signs of skin disease? ☐ *Yes* ☐ *No*	
C19. Respiratory system - Any signs of abnormalities, including nose and lungs ☐ *Yes* ☐ *No*	

C20. Cardiovascular system - Any signs of abnormalities, including pulse, blood pressure, heart murmurs? ☐ *Yes* ☐ *No*
C21. Digestive organs and abdomen - Any signs of abnormalities? ☐ *Yes* ☐ *No*
C22. Urogenital organs - Any signs of abnormalities? ☐ *Yes* ☐ *No*
C23. Nervous system and sense organs - Any signs of abnormalities? ☐ *Yes* ☐ *No*
C24. Musculoskeletal system - Any signs of abnormalities? ☐ *Yes* ☐ *No*
C25. Endocrine system - Any signs of abnormalities, including thyroid? ☐ *Yes* ☐ *No*
C26. Various - Any other signs of abnormalities? ☐ *Yes* ☐ *No*
C27. Final evaluation

Important: You must enclose **original** results of an **HIV (AIDS) test** showing clearly first name and surname. Note that the HIV test results must be **not older than 3 months. Applicants under the age of 12 are exempted from providing HIV (AIDS) tests**

D. Medical Examiner Details and Declaration

D28. Full name of medical examiner	
D29. Organization	
D30. Position	
D31. Address	
D32. Telephone number	**D33. Fax number**
I hereby confirm that I have identified, questioned and examined the applicant and have answered all questions to the best of my knowledge and in good faith.	
Place and date	
Stamp and signature of medical examiner	

