



CITIZENSHIP BY INVESTMENT PROGRAMME

MEDICAL EXAMINER
DETAILS AND DECLARATION
SL8

1. APPLICANT'S DETAILS

Surname or Family Name (as shown on birth certificate)

First or Given Name(s) (as shown on birth certificate)

Place of Birth

Country of Birth

Date of Birth (DD/MM/YYYY)

Gender

Current Residential Address

Street Address

City

State

Country

Zip Code

Passport Details

Issuing Country

Passport Number

2. MEDICAL EXAMINER DETAILS

Attach a certified copy of the professional certificate(s) of the medical examiner to this form.

Full Name of Medical Examiner

Organisation

Position

Telephone Number

Fax Number

Organisation Address

Street Address

City

State

Country

Zip Code

Date of Examination

Place of Examination

Examiner's Designation / Qualification

Examiner's License Number or Certificate

3. MEDICAL EXAMINATION

The medical examiner is required to examine the applicant and to answer the following questions. If any or the questions below is answered with a yes, please provide details either in the space provided or on an attached sheet.

Applicant's Weight

Applicant's Height

3.1 Are there any signs of:

	Yes	No
3.1.1 Skin disease?		
3.1.2 Abnormalities of the respiratory system, including nose and lungs?		
3.1.3 Abnormalities of the cardiovascular system, including pulse, blood pressure, heart murmurs?		
3.1.4 Abnormalities of the digestive organs and abdomen?		
3.1.5 Abnormalities of the urogenital organs?		
3.1.6 Abnormalities of the nervous system and sense organs?		
3.1.7 Abnormalities of the musculoskeletal system?		
3.1.8 Abnormalities of the endocrine system?		
3.1.9 Contagious disease?		
3.1.10 Any other abnormalities?		

3.2 Have you had, or do you presently have, any of the following conditions:

	Yes	No
3.2.1 Tuberculosis?		
3.2.2 Hepatitis (A, B, or C)?		
3.2.3 Typhoid?		
3.2.4 Any other communicable disease?		
3.2.5 Any Other heart condition (including congenital defects)?		
3.2.6 Stroke?		

	Yes	No
3.2.7 Any immune deficiency disease?		
3.2.8 AIDS / HIV?		
3.2.9 Are you currently taking any prescribed medicine?		
3.2.10 Do you currently have any other serious health problems? (other than listed above)		
3.2.11 Have you been hospitalized in the last 5 years?		
3.2.12 Have you visited a doctor in the last three years for anything other than a routine check-up?		
3.2.13 For female applicants – Are you pregnant? If Yes, what is the expected date of birth? _____		
3.2.14 Are you dependent on alcohol or drugs (including narcotics)?		
3.2.15 Is there any further information which may be medically relevant?		

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.

Medical Examiners Signature

Medical Examiners Stamp