Government of St. Christopher (St. Kitts) & Nevis –
Ministry of ~~Homeland~~ National Security

Medical Certificate

This Medical Certificate is to be completed in **English** by a registered medical practitioner. Please supply additional details one 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 on passport)*	A2. First or given name(s) *(as shown on passport)*	
A3. Place and Country of birth	A4. Date of birth (dd/mm/yy)	A5. Gender
A6. Address	A7. 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 the client 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.

B8. Do you currently have any serious health problems? ☐ Yes ☐ No
B9. Have you been hospitalized in the last five years? ☐ Yes ☐ No
B10. Have you visited a doctor in the last three years other than for routine check-ups? ☐ Yes ☐ No
B11. Do you suffer or have you ever suffered from tuberculosis, hepatitis, typhoid or any other communicable diseases? ☐ Yes ☐ No
B12. Do you suffer or have you ever suffered from AIDS or AIDS related conditions or any immune deficiency syndromes? ☐ Yes ☐ No
B13. Do you suffer or have 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.

C14. Weight (in kg)	C15. Height (in cm)
C16. Skin – Are there any signs of skin disease? ☐ Yes ☐ No	
C17. Respiratory system – Any signs of abnormalities, including nose and lungs? ☐ Yes ☐ No	
C18. Cardiovascular system - Any signs of abnormalities, including pulse, blood pressure, heart murmurs? ☐ Yes ☐ No	
C19. Digestive Organs and abdomen - Any signs of abnormalities? ☐ Yes ☐ No	
C20. Urogenital organs. Any signs of abnormalities? ☐ Yes ☐ No	
C21. Nervous system and sense organs. Any signs of abnormalities? ☐ Yes ☐ No	
C22. Musculoskeletal system. Any signs of abnormalities? ☐ Yes ☐ No	
C23. Endocrine system. Any signs of abnormalities, including thyroid? ☐ Yes ☐ No	
C24. Various. Any signs of abnormalities? ☐ Yes ☐ No	
C25. Final evaluation	

D. Medical Examiner Details and Declaration

D26. Full name and medical examiner		
D27. Organization		D28. Position
D29. Address		
D30. Telephone number	D31. Fax number	D32. Email address
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		
D33. Place and date	D34. Stamp and signature of medical examiner	
For official use only		