MEDICAL DECLARATION COVER LETTER

(TO BE SUBMITTED TO CUSTOMS AND BORDER CONTROL)

Date ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y) Reference No. (if known) ☐

Part 1: To be completed by the applicant

First Name ☐ Last Name ☐

Date of Birth ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y) Country of Birth ☐

Contact: ☐ Cell ☐ Home ☐ Email

Sponsor* ☐

School Name** ☐

Purpose of Medical:

- ☐ Student Visa
- ☐ Student Visa Dependant
- ☐ Permission - Dependant of a Caymanian
- ☐ Extension - Dependant of a Caymanian

*Sponsor is the first and last name of the Caymanian Family member in the case of Dependant of Caymanian Applications.

**School Name is the name of the Educational Institution in the case of Student Visa Applications.

Please do not leave any section blank. If a section does not apply to you, insert "not applicable" or "n/a" in the space provided.

Note: As a data controller, Customs and Border Control (CBC) complies with the Data Protection Act. The personal data provided in this form will be used to determine any application for the examined individual to live and/or study in the Cayman Islands. We may verify the information that has been provided, including contacting you directly if we have any questions about this medical examination. Visit www.gov.ky/cbc/ for our full privacy notice.

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Part 2: To be completed by the Medical Examiner

Dear Sir/Madam,

This is to certify that I have examined _____ on _____
Full Name DD MM YYYY

The applicant is ☐ of good health ☐ not of good health and ☐ does not suffer ☐ does suffer

from any/a form of communicable or mental disease that would make that person a danger to the community.

Sincerely,

First Name _____ Last Name _____

Medical Registration Number _____

Job Title _____

_____

Place of Medical Examination _____

_____

E-Mail Address _____ Phone No _____

☐ I hereby declare that I am a duly appointed and or certified medical examiner. I confirm that the Information and representations contained in this Medical Examination Form (CBC/MSS001(2024/06) are true and correct to the best of my knowledge and belief. I am aware that it is a criminal offence under the Cayman Islands Customs and Border Control Act to make a statement or representation that is false or misleading and that I may be prosecuted if found in breach of this offence.

Signature of Authorizing Physician or Medical Examiner

_____

Official Stamp