MEDICAL EXAMINATIONS FORM

(TO BE RETAINED BY THE MEDICAL EXAMINER)

1. The Medical examinations are valid for one (1) year.
2. Chest Xrays are valid for five (5) years.
3. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.
4. The Medical Examinations Form must be signed, stamped, or sealed and retained by the medical examiner.
5. The Cayman Islands Customs and Border Control Service reserves the right to require additional medical examinations at any time.

Part 1: QUESTIONNAIRE (to be completed by the applicant)

First Name _____ Last Name _____

Maiden Name _____ Nationality _____

Passport No. _____ Country of Birth _____

Date of Birth ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y) Sex ☐ Female ☐ Male

Contact _____ (Cell) _____ (Home) _____ (Email)

Physical Address ☐ (Apt#) _____ (Bldg Name) ☐ (House#) _____ (Street Name)

_____ (District) _____ (Neighborhood)

Mailing Address ☐ (P.O. Box) _____ (Postal Code) _____ (Post Office)

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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Have you ever had or currently have (Choose all applicable)*

	YES	NO
a. Nervous or mental trouble?	☐	☐
b. Fits or convulsions?	☐	☐
c. Heart trouble or raised blood pressure?	☐	☐
d. Tuberculosis?	☐	☐
e. Cancer or other malignancy?	☐	☐
f. A sexually transmitted disease?	☐	☐
g. Eye trouble?	☐	☐
h. Any serious operation?	☐	☐
i. Diabetes?	☐	☐
j. Any illness or injury not mentioned above?	☐	☐
k. Family history of mental trouble, suicide, fits, any kind of tuberculosis, diabetes or raised blood pressure?	☐	☐

*If you have answered Yes to any of these, please explain

Do you consume alcohol? ☐ YES ☐ NO

*If Yes, how many alcoholic drinks do you typically consume in 1 week

Do you take habit-forming drugs, including opiates, benzodiazepines, and prescription medications? ☐ YES ☐ NO

*If Yes, please explain

Have you ever applied for or received disability benefits? ☐ YES ☐ NO

*If Yes, please explain

Are you now in good health? ☐ YES ☐ NO

*If No, please explain

Are you now pregnant? ☐ YES ☐ NO ☐ NOT APPLICABLE

*If Yes, how many months

Applicant printed name	Date	Signature
	☐☐ ☐☐ ☐☐	

Medical Examiner printed name	Date	Signature
	☐☐ ☐☐ ☐☐	

MEDICAL EXAMINATIONS FORM

(TO BE RETAINED BY THE MEDICAL EXAMINER)

Part 2: MEDICAL EXAMINATION (to be completed by Medical Examiner)

Is the Examinee personally known to you? YES ☐ NO ☐ If No, did you check ID? YES ☐ NO ☐

Height (ft/in) ☐ Weight (lbs. in under clothes) ☐ Body mass index ☐

Peak flow rate ☐ Date and report of last E.C.G. if any ☐

Blood pressure ☐ Pulse rate ☐

Are the following free from any pathological condition or abnormality (Choose all applicable)*

	YES	NO		YES	NO		YES	NO
a. Skin	☐	☐	e. Nose	☐	☐	i. Locomotor System	☐	☐
b. Throat & Mouth	☐	☐	f. Abdomen	☐	☐	j. Nervous System	☐	☐
c. Eyes	☐	☐	g. Cardiovascular System	☐	☐	k. Genito-Urinary System	☐	☐
d. Ears	☐	☐	h. Respiratory System	☐	☐			

*If No to any of the above questions, provide details ☐

Is the applicant taking any medications at present or within the last six (6) months? YES ☐ NO ☐ *If Yes, please explain ☐

Give details of any operations ☐

Medical conditions a. ☐ b. ☐ c. ☐ d. ☐

Medical Examiner printed name ☐ Date of Examination ☐☐☐☐☐☐ Signature ☐

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MEDICAL EXAMINATIONS FORM

(TO BE RETAINED BY THE MEDICAL EXAMINER)

Part 3: XRAY AND LABORATORY INVESTIGATIONS (to be completed by Medical Examiner)

Hospital Xray No | Date | Results

Urine: Date | Albumin | Sugar

Blood Tests: **SYPHILIS** Date | Results

HIV SCREEN Date | Results

Medical Examiner

First Name | Last Name

Medical Registration Number

Qualifications

Address of Registering Body

Mailing Address

P.O.Box | Postal Code | Post Office

E-Mail Address

Date of Examination | Signature

Note: A medical examination before arrival in the Cayman Islands may only be completed by a practitioner fully registered as a medical doctor by the medical councils of either the United Kingdom, United States, Canada, or the Cayman Islands. If a medical examination cannot be undertaken by a practitioner who is registered in one of these countries, CBC may offer a temporary condition to allow the person to enter, however, he/she must have a medical examination completed in the Cayman Islands, by a medical doctor registered in the Cayman Islands, and the medical declaration cover letter must be submitted to satisfy application requirements.