CAYMAN ISLANDS IMMIGRATION DEPARTMENT
MEDICAL EXAMINATIONS FORM

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GUIDELINES TO MEDICAL PRACTITIONERS

1. Medical examinations are required on initial application for work permit and once in every three years thereafter. The Immigration Department reserves the right to require medical examinations at any time.

2. Laboratory tests have to be repeated with each medical examination. Chest X-rays are required once in every five years. For practical purposes, for renewal application a chest x-ray is not required if the previous x-rays were done within 4 years of application.

3. Laboratory reports have to be attached for HIV and VDRL tests.

4. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.

PART 1
QUESTIONNAIRE
(TO BE COMPLETED BY APPLICANT)

1. (a) Name (last) (First) (Middle)

(b) Date of Birth (c) Place of Birth (d) Nationality (e) Passport/ID Number

(f) Widowed ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐

2.	HAVE YOU EVER HAD OR CURRENTLY HAVE	YES	NO
(a)	Nervous or mental trouble?	☐	☐
(b)	Fits or convulsions?	☐	☐
(c)	Heart trouble or raised blood pressure?	☐	☐
(d)	Lung tuberculosis, Asthma or hay fever?	☐	☐
(e)	Contact with a case of tuberculosis?	☐	☐
(f)	Frequent or prolonged indigestion?	☐	☐
(g)	Malaria, dysentery or any other tropical illness?	☐	☐
(h)	A sexually transmitted disease?	☐	☐
(i)	Eye trouble?	☐	☐
(j)	Any serious operation?	☐	☐
(k)	Diabetes?	☐	☐
(l)	Rheumatic Fever?	☐	☐
(m)	Family history of mental trouble, suicide, fits, any kind of tuberculosis, diabetes or raised blood pressure?	☐	☐
(n)	Any illness or injury not mentioned above?	☐	☐
(o)	A physical defect?	☐	☐
3.	Do you take alcohol or habit forming drugs?	☐	☐
4.	Have you ever applied for or received disability benefits?	☐	☐

If you have answered yes in questions 2,3 or 4, please provide details

5. Are you now in good health? Yes ☐ No ☐ If no, give details

6. Are you now pregnant? Yes ☐ No ☐ Not Applicable ☐ If yes, how many months

Date: Signature of Applicant

Date: Medical Examiner

PART II
MEDICAL EXAMINATION
(TO BE COMPLETED BY MEDICAL EXAMINER)

1. Is the Examinee personally known to you? Yes ☐ No ☐
   If no, did you check ID? Yes ☐ No ☐

2. Height_____feet _____in. Weight _____lbs. (in under clothes) Waist_____in.
   Chest measurements on respiration_____ in, on expiration_____in.

3. Blood pressure (two readings: at rest(sitting)_____lying down_____) 4. Pulse rate _____

5. Date and report of last E.C.G. if any _____

6. Are the following free from any pathological condition or abnormality;

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

If you answered “no” to any of the above questions, please provide details

_____

_____

_____

7. Is the examinee on any drug therapy at present?_____ if yes, give details

_____

_____

_____

8. Give details of any operations:

_____

_____

_____

9. Medical conditions a) _____ b) _____

c) _____ d) _____

Signature Medical Examiner_____ Date of Examination_____

PART III
XRAY AND LABORATORY INVESTIGATIONS
(TO BE COMPLETED BY MEDICAL EXAMINER)

(a) Hospital Xray No._____ Date_____ Result_____
(Must have been done within 6 months of initial application and within 4 years of renewal application)

(b) Urine: Date_____ Albumin _____ Sugar_____

(c) Blood Tests (attach laboratory reports)

TESTS	DATE	RESULT
VDRL		
HIV SCREEN		

(Test must have been done within 3 months of application. The Immigration Department reserves the right to request application to repeat these tests in the Cayman Islands)

(d) Other tests (depending on history and disease prevalence in the country of origin)

TESTS	DATE	RESULT

Name and address of Medical Examiner in BLOCK Capitals

_____

Qualifications_____ Medical Registration Number _____

Address of Registering body

_____

Signature of Medical Examiner _____ Date _____

FOR OFFICIAL USE ONLY

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