



# Citizenship By Investment Programme

MEDICAL EXAMINER  
DETAILS AND DECLARATION  
**SL8**

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## 1. APPLICANT'S DETAILS

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\_\_\_\_\_  
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

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### Current Residential Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip Code

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### Passport Details

\_\_\_\_\_  
Issuing Country

\_\_\_\_\_  
Passport Number

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## 2. MEDICAL EXAMINER DETAILS

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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

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### 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?		
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?		

	Yes	No
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