REPUBLIC OF TRINIDAD AND TOBAGO

IMMIGRATION REGULATIONS, 1974

MEDICAL CERTIFICATE

(For persons who wish to remain in Trinidad and Tobago for periods exceeding one year)

DECLARATION BY APPLICANT

(which must be made in the presence of the Examining Medical Officer)

Name .....

(Full name in block capitals)

Address .....

1. Have you or any member of your family included in this application ever had any serious illness or surgical operations?

   If so list them .....

   .....

2. Have you or has any member of your family ever been under treatment for tuberculosis? .....

   If so with what results? (report from Thoracic Medical Officer to be supplied; Chest X-ray of applicant to be produced)

3. Have you ever suffered from Malaria? .....

   (Evidence to be produced, bacteriological, etc.) .....

   .....

   When and where was your last attack? .....

   Where did you contract the disease? .....

4. Have you or has any member of your family ever been under treatment for Leprosy? .....

   If so with what results? .....

   .....

   (Evidence to be produced, bacteriological, etc.) .....

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5. Have you or has any member of your family ever suffered from mental disease, fits epilepsy, or been treated for these or similar diseases or other mental disorder? .....

   I hereby certify that the information supplied by me to the Medical Examiner is correct in every particular.

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Signature of Applicant

G.P., TR./TO.—S2728— 500— /02