



GOVERNMENT OF THE FIJI ISLANDS

MINISTRY OF IMMIGRATION

MEDICAL REPORT FORM

Photographs

Attach two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a correct likeness.

IMPORTANT NOTES

1. This certificate must be under 3 months old at the time of lodgment.
2. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
3. Fees for the medical examination are payable by the applicant or their sponsor.

PART VII. *PERSONAL DETAILS OF THE APPLICANT*

1. Name(s) as shown in the passport:

(Surname)

(Given names)

2. Full residential address:

3. Gender: Male ☐ Female ☐

4. Date of birth:

day	month	year

5. Nationality as on passport:

6. Passport number:

7. Give reasons why you need to do this medical examination:

SECTION A: *APPLICANT'S MEDICAL RECORDS*

1. Has the applicant ever been hospitalised or undergone surgery of any kind: Yes ☐ No ☐
2. Has the applicant ever been refused employment, insurance, military service or entry to another Country on medical grounds: Yes ☐ No ☐
3. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances: Yes ☐ No ☐
4. Has the applicant or any member of his/her family ever suffered from any mental disorder, fits or epilepsy: Yes ☐ No ☐
5. Has the applicant ever suffered from the HIV/AIDS syndrome or any other sexually transmitted disease: Yes ☐ No ☐

If Yes to any of the above, please give details and dates:

SECTION B: *EXAMINATION RESULTS*

1. Heart:

2. Lungs:

3. Kidney:

4. Liver:

5. HIV and STD Tests:

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6. X-ray:

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7. Other observations found not normal e.g. diabetic, high blood pressure, pregnancy, etc.

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PART VIII: *APPLICANT'S DECLARATION*

1. I declare that the details given by me on this form to the medical examiner are true and correct in respect.
2. I agree that I will undergo, at my expense, any further medical examinations that may be required by the Ministry of Immigration.
3. I authorize that the medical examiner who completes this form to release to Ministry of Immigration, or its medical consultants, any information acquired with regard to this examination.

SIGNATURE OF APPLICANT:

SIGNATURE OF EXAMINER AS
WITNESS:

.....

.....

DATE:

DATE:

PART IX : *MEDICAL EXAMINER'S DECLARATION*

1. I have confirmed the identity of the applicant from his/her passport, identification papers and appearance.
2. I am satisfied that the particulars submitted by the applicant are true and correct.
3. The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
4. I agree that all the information contained in this form is for the use of the Ministry of Immigration and/or its medical consultants and shall not be released to anyone else.
5. I certify that the applicant is ☐ medically fit ☐ not medically fit to work/reside/study in Fiji.

SIGNATURE OF MEDICAL EXAMINER:

DATE:

COMPANY STAMP/SEAL:

