

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.) . . . . .  
. . . . .

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 disorder? . . . . .

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

. . . . .  
*Signature of Applicant*