

MEDICAL CERTIFICATE

(To be filled by a Registered Medical Practitioner in Mauritius)

1. PERSONAL DETAILS

Reference No. _____

Surname _____
Other Names _____
Date of Birth _____ / _____ / _____ Sex _____
Nationality _____ Passport No. _____
Occupation _____
In Mauritius Address Tel _____ No. _____
Fax No. _____
Address in Country of Origin _____

2. MEDICAL EXAMINATION

General Medical Examination _____
Cardiovascular System _____
Respiratory System _____
Alimentary System _____
Urinary System _____
Central Nervous System _____
Past Medical History (*if any, please give details*) _____

3. INVESTIGATIONS

Hepatitis B Surface Antigen Test (*attach report*) _____
HIV test (*attach report*) _____
Chest x-ray (*attach radiologist's report*) _____
Lymphatic Filariasis (*attach report*) (See Note 1) _____
Leprosy (*attach report*) (See Note 2) _____
Any other investigation: _____

4. REMARKS: *(Please tick appropriate box below)

I hereby certify that this applicant IS IS NOT suffering from any infectious or communicable disease.

Full Name of Doctor _____
Address _____
Tel No. _____ Fax No. _____
Signature _____ Date _____ / _____ / _____

(For further details, please see overleaf)