



GOVERNMENT OF GRENADA

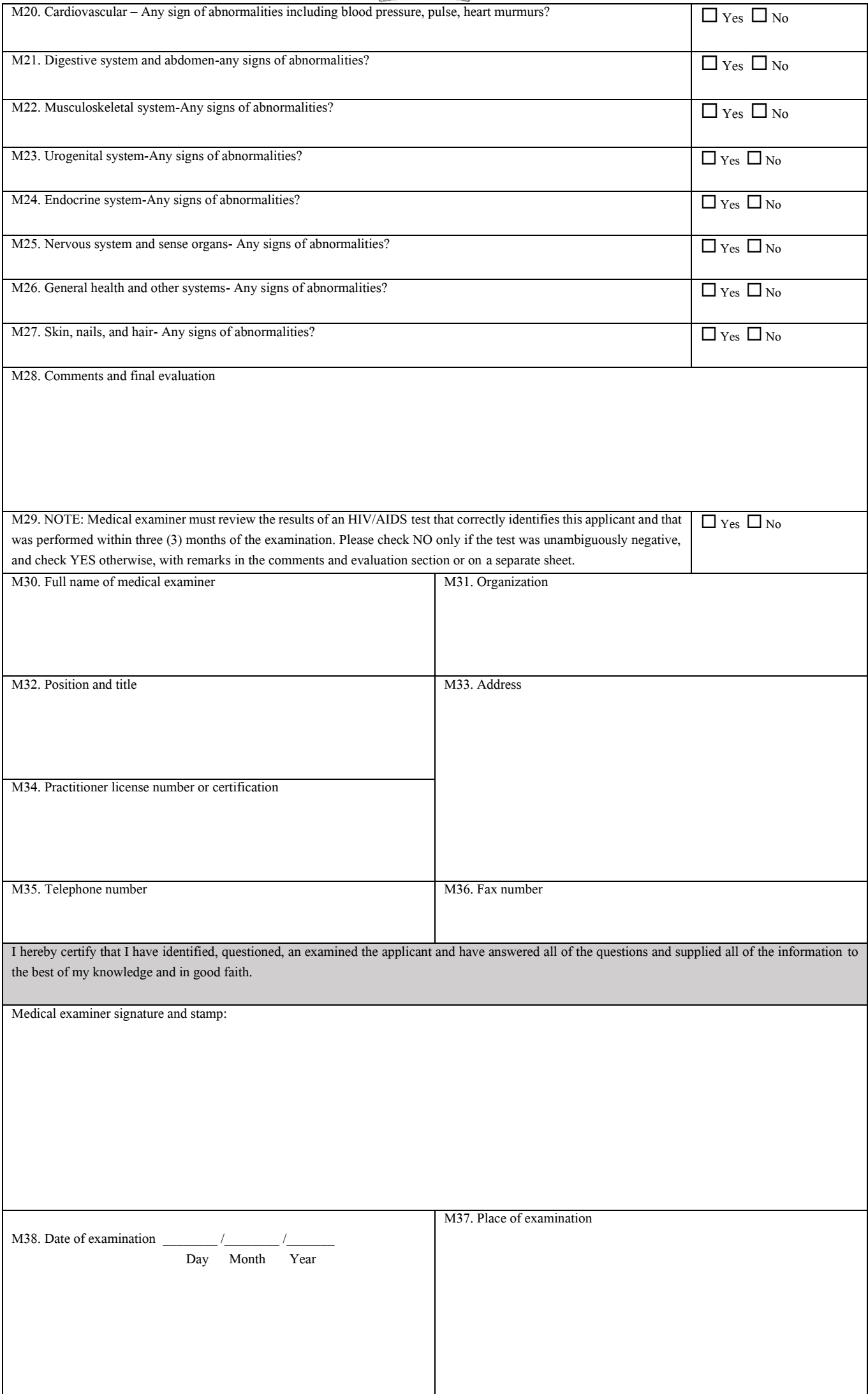
CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT IN  
GRENADA  
MEDICAL HEALTH CERTIFICATION. ANNEX 8 – SRO. 17

The medical health certification must be completed by a registered medical practitioner and signed by a licensed physician or physician’s assistant authorized by law to perform medical examinations without supervision.

ONE MEDICAL HEALTH CERTIFICATION IS REQUIRED FOR EACH PERSON (INCLUDING CHILDREN) WHO WILL BE APPLYING.

*The medical practitioner must certify that he or she knows the identity of the person either through past personal or professional relationship or by examining identification documents sufficient to satisfy the practitioner of the identity of the subject of the examination.*

M1. Surname (family) name as shown in passport		M2. First (given) name(s) as shown in passport	
M3. Place and country of birth		M4. Date of birth ____ / ____ / ____ Day   Month   Year	M5. Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female
M6. Home Address		M7. Country of Residence	
M8. Passport Number	M9. Passport issued by	M10. Passport expiry date	
The medical examiner must ask the following questions and mark the answers given. If the answer to any question is yes, the n details must be provided including medical diagnosis and dates.			
M11. Do you currently have any serious health problems or issues?			<input type="checkbox"/> Yes <input type="checkbox"/> No
M12. Have you visited a doctor within the past three years other than for routine check-ups?			<input type="checkbox"/> Yes <input type="checkbox"/> No
M13. Have you been admitted to a hospital or other medical care facility for treatment or diagnosis within the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
M14. Do you suffer from tuberculosis, hepatitis, typhoid, or other communicable disease?			<input type="checkbox"/> Yes <input type="checkbox"/> No
M15. Have you been diagnosed as having HIV, HTLV, AIDS or AIDS related conditions, or any immune deficiency syndrome?			<input type="checkbox"/> Yes <input type="checkbox"/> No
M16. Do suffer or have you ever suffered from any nervous or mental illness o disorder?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The medical examiner must examine the applicant generally and provide the following information. Please provide details if the answer to any question is yes.			
M17. Height (in cm)	M18. Weight (in kg)	M19. Vision impaired and not corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No





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