

MEDICAL EXAMINATIONS GUIDELINES

WORC Department reserves the right to require additional medical examinations at any time. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.

The medical declaration cover letter needs to be submitted to WORC every year and upon the renewal of immigration applications.

The below items are to be used as guidance for medical practitioners who are performing medical examinations for persons making an application through Workforce Opportunities & Residency Cayman. The medical examination is not limited to the items below, however they are the minimum required to complete the Medical Declaration Cover Letter.

Note: These guidance notes are not to be attached to any application to WORC, but are to be used at the medical practitioner's office.

Applicant's Questionnaire:

	Yes	No		Yes	No
Have you ever had or currently have					
(a) Nervous or mental trouble	<input type="checkbox"/>	<input type="checkbox"/>	(j) Rheumatic Fever?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Fits or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>	(k) Cancer or other malignancy	<input type="checkbox"/>	<input type="checkbox"/>
(c) Heart trouble or raised blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	(l) A physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>
(d) Lung tuberculosis, Asthma or hay fever?	<input type="checkbox"/>	<input type="checkbox"/>	(m) Any illness or injury not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Contact with a case of tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	(n) Have you ever used or been dependant upon habit forming drugs (including opioids, benzodiazepines and prescription medication)?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Frequent or prolonged indigestion?	<input type="checkbox"/>	<input type="checkbox"/>	(o) Have you ever applied of or received disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Malaria, dysentery or any other tropical illness?	<input type="checkbox"/>	<input type="checkbox"/>	(p) Are you in good health now?	<input type="checkbox"/>	<input type="checkbox"/>
(h) A sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>			
(i) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>			

Have you ever been tested for HIV/VDRL? Yes No

If adverse results were found, please give details of treatment _____

When was the last time you had an X-Ray? _____

MEDICAL EXAMINATION (to be completed by a practitioner fully registered as a medical doctor in the country or the applicant's residence)

Body mass index _____ Height _____ Weight _____

Blood pressure _____

Pulse Rate _____

	Yes	No		Yes	No
Are the following free from any pathological condition or abnormality?					
(a) Skin	<input type="checkbox"/>	<input type="checkbox"/>	(f) Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
(b) Throat & Mouth	<input type="checkbox"/>	<input type="checkbox"/>	(g) Cardiovascular System	<input type="checkbox"/>	<input type="checkbox"/>
(c) Eyes (this does not include abnormalities fully corrected by spectacles or contact lenses)	<input type="checkbox"/>	<input type="checkbox"/>	(h) Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>
(d) Ears	<input type="checkbox"/>	<input type="checkbox"/>	(i) Locomotor System	<input type="checkbox"/>	<input type="checkbox"/>
(e) Nose	<input type="checkbox"/>	<input type="checkbox"/>	(j) Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
			(k) Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant taking any medications now, or has s/he within the last six months? Yes No

Details of any previous operations _____

Is there any history of tuberculosis or contact with a case of tuberculosis?: Yes No

Tested for HIV/VDRL? Yes No

Tested for tuberculosis? Yes No

Details of other relevant tests (depending on history and disease prevalence in the country of origin) (including chest x-ray), history and examination for completion of medical review _____