



GOVERNMENT OF THE FIJI ISLANDS  
IMMIGRATION DEPARTMENT

**Photograph**  
  
Please attach a recent passport-sized photograph here for each applicant.

**MEDICAL REPORT FORM**

**IMPORTANT NOTES**

1. This medical certificate form must be completed in English by a Registered Medical Practitioner for each person applying to stay in the Fiji Islands for more than 6 months.
2. This certificate must be under 3 months old at the time of lodgement.
3. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
4. Fees for the medical examination are payable by the applicant or their sponsor.

**PART VIII : 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 hospitalized 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:**

\_\_\_\_\_

**6. X-ray:**

\_\_\_\_\_

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

\_\_\_\_\_

**PART IX : APPLICANT'S DECLARATION**

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

**SIGNATURE OF APPLICANT:**

**SIGNATURE OF EXAMINER AS WITNESS:**

.....

.....

**DATE:** .....

**DATE:** .....

**PART X : 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 Immigration Department 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 and reside in Fiji.

**SIGNATURE OF MEDICAL EXAMINER:** .....

**DATE:** .....

**COMPANY STAMP/SEAL:**

\_\_\_\_\_