



Immigration and Passport Act Regulation,

Revised Edition 2013

Section 5 [1] [e] and Schedule 4 (Regulation 2 [2] [b])

MEDICAL CERTIFICATE

I hereby certify that: I have carried out the required medical examinations or
 I have verified the medical examinations conducted overseas by a
duly licenced medical practitioner and confirm that

Mr./Mrs./Miss *Last Name* *First Name* *M.I.* DOB *DD/MM/YYYY*

Sex: M F Passport No. Country.....

Is deemed unfit/ fit and free of any contagion or infectious disease which makes
his/her entry into the Virgin Islands dangerous to the community.

Print Doctor's Name

VI Medical and Dental Council Registration #

Signature..... Date.....

Affix Stamp Here

Please return this certificate under confidential cover to the Chief Immigration Officer