



Grenada – Citizenship by Investment

An application to become a citizen of Grenada under the Grenada Citizenship by Investment Programme, pursuant to Section 5 of the Grenada Citizenship by Investment Act, 2013 (Act 15).

Medical - Form 4

Guidance: 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.

Part A: Personal Details	
A1. Full surname, as per passport	A2. Full first and middle names, as per passport
A3. Place and country of birth	A4. Date of birth (DD/MM/YYYY)
A5. Gender Male Female	A6. Passport number
A7. Passport issued by	A8. Passport expiry date

Guidance: The medical examiner must ask the following questions and mark the answers given. If the answer to any question is yes, then details must be provided including medical diagnosis and dates.

A9. Do you currently have any serious health problems or issues?	Yes	No
A10. Have you visited a doctor within the past three years other than for routine check-ups?	Yes	No
A11. Have you been admitted to a hospital or other medical care facility for treatment or diagnosis within the past five years?	Yes	No
A12. Do you suffer from tuberculosis, hepatitis, typhoid, or any other communicable disease?	Yes	No



A13. Have you been diagnosed as having HIV, HTLV, AIDS, an AIDS related condition, or any immune deficiency syndrome?		Yes	No
A14. Do you suffer or have you ever suffered from any nervous or mental illness or disorder?		Yes	No
A15. Height (in cm)	A16. Weight (in kg)		
A17. Is your vision impaired and not corrected?		Yes	No
A18. Cardiovascular – Any abnormalities, or signs thereof (including relating to blood pressure, pulse or heart murmurs)		Yes	No
A19. Digestive system and abdomen – Any abnormalities, or signs thereof?		Yes	No
A20. Musculoskeletal system – Any abnormalities, or signs thereof?		Yes	No
A21. Endocrine system – Any abnormalities, or signs thereof?		Yes	No
A22. Nervous system and sense organs – Any abnormalities, or signs thereof?		Yes	No
A23. General health and other systems – Any abnormalities, or signs thereof?		Yes	No
A24. Skin, nails, and hair – Any abnormalities, or signs thereof?		Yes	No



A25. Comments and final evaluation

A26. NOTE: Medical examiner must review the results of an HIV/AIDS test that correctly identifies this applicant and that was performed within three (3) months of the examination. Please check NO only if the test was unambiguously negative, and check YES otherwise, with remarks in the comments and evaluation section or on a separate sheet.

Yes

No

Part B: Details of Medical Examiner

B1. Full name

B2. Organization

B3. Position

B4. Address

B5. Practitioner license number or certification (if applicable)

B6. Telephone number

B7. Fax number

Medical Examiner Certificate

I hereby certify that I have identified, questioned, and examined the applicant and have answered all of the questions and supplied all of the information to the best of my knowledge and in good faith.

Medical examiner signature and stamp:

Place of examination

Date of examination