



## Medical Certificate for B/1 (Working) Visa

### Applicants details

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### Following details to be completed by a registered medical practitioner

Present state of health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant suffering from an infectious disease? \_\_\_\_\_

HIV? \_\_\_\_\_

Hepatitis B or C? \_\_\_\_\_

Tuberculosis? \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
examining physician