



Medical Certificate

University of Medicine and Health Sciences, St. Kitts

Date: _____

I, the undersigned Doctor in Medicine, _____ (Print Full Name)

Certify that I have examined the blood test results and Immunization Records and I have completed all requested documentation and examination requested and regarding the Student Visa application submitted by

Mr. / Ms. _____ (Print Full Name)

Nationality: _____

Date of Birth: _____

Place of Birth: _____

Age: _____ Gender: **Male** / **Female** (circle one)

I have found him/her:

Name of Illness	Free of Following Illness	Suffering from Following Illness
Tuberculosis		
Poliomyelitis		
VDRL/RPR (Syphilis)		
Rubella (German Measles)		
Hepatitis B Virus (HBV)		
Diphtheria, Tetanus, Pertussis (DTP)		
Covid 19		

Please feel free to contact me if any clarification or further discussion is warranted.

Issued At: _____ on the date: _____

Signature of Physician: _____

Stamp of Physician's Clinic: _____