



WORC

Workforce Opportunities & Residency Cayman
Cayman Islands Government

MEDICAL DECLARATION COVER LETTER

(TO BE SUBMITTED TO WORC)

Date

D D M M Y Y Y Y

Worker Reference No. (if known)

Part 1: To be completed by the applicant

First Name

Last Name

Date of Birth

D D M M Y Y Y Y

Country of Birth

Telephone

Cell

Home

Work

Employer

Post applied for

Purpose of Medical:

Temporary Work Permit Permanent Residence Dependant

Work Permit Cayman Status

Note: As a data controller, WORC complies with the Data Protection Act (2021 Revision). The personal data provided in this form will be used to determine any application for the examined individual to live and work in the Cayman Islands. We may verify the information that has been provided, including contacting you directly if we have any questions about this medical examination. Visit www.worc.ky for our full privacy statement.



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Part 2: To be completed by the Medical Examiner

Dear Sir/Madam,

This is to certify that I have examined on
Full Name DD MM YYYY

The applicant is of good health not of good health and does not suffer does suffer

from any/a form of communicable or mental disease that would make that person a danger to the community.

Sincerely,

First Name Last Name

Medical Registration Number

Job Title

Place of Medical Examination

E-Mail Address Phone No

I hereby declare that I am a duly appointed and or certified medical examiner. I confirm that the Information and representations contained in this Medical Examination Form (WORC/ME001(2023/01) are true and correct to the best of my knowledge and belief. I am aware that it is a criminal offence under the Cayman Islands Immigration (Transition) Act (2022 Revision) to make a statement or representation that is false or misleading and that I may be prosecuted if found in breach of this offence.

Signature of authorising physician
or medical examiner

Official Stamp