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
- ☐ Work Permit
- ☐ Permanent Residence
- ☐ Cayman Status
- ☐ Dependant

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 _____ (Full Name) on _____ (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(2025/01) are true and correct to the best of my knowledge and belief. I am aware that it is a criminal offence under the 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