

Detailed Medical Statement Form for Visa Application

This form provides a **detailed medical statement** essential for visa applications, ensuring all health-related information is accurately documented. It includes sections for medical history, current health status, and any treatments or vaccinations. Using this form helps streamline the visa approval process by presenting clear and comprehensive medical details.

Personal Information

Full Name	<input type="text"/>
Passport Number	<input type="text"/>
Date of Birth	<input type="text"/>
Nationality	<input type="text"/>

Medical History

Do you have any pre-existing medical conditions?	<div><input type="radio"/> Yes <input type="radio"/> No</div> <div>If Yes, please specify: <input type="text"/></div>
List any past major surgeries:	<input type="text"/>

Current Health Status

Height	<input type="text" value="e.g. 170 cm"/>
Weight	<input type="text" value="e.g. 65 kg"/>
Are you currently taking any medication?	<div><input type="radio"/> Yes <input type="radio"/> No</div> <div>If Yes, please specify: <input type="text"/></div>
Any known allergies?	<div><input type="radio"/> Yes <input type="radio"/> No</div> <div>If Yes, please specify: <input type="text"/></div>

Treatments and Vaccinations

Vaccinations received (please tick):	<div><input type="checkbox"/> COVID-19</div> <div><input type="checkbox"/> Hepatitis B</div> <div><input type="checkbox"/> MMR</div> <div><input type="checkbox"/> Yellow Fever</div> <div><input type="checkbox"/> Other (please specify)...</div> <div><input type="text"/></div>
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Other ongoing treatments:	
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Medical Examination Details

Date of Examination	
Name of Examining Physician	
Medical Facility	
Contact of Physician/Facility	
Official Stamp & Signature	

☐ I hereby confirm that the information provided is accurate and complete to the best of my knowledge.

Submit