

EXECUTIVE COUNCIL

CONFIDENTIAL

Title of Report: New Immigration Forms

Paper No: 179/14

Date: 12th November 2014

Report of: Principal Immigration Officer

1.0 Purpose

- 1.1 The purpose of this paper is to seek Honourable Members approval of the attached forms for use by the relevant departments in assessing whether applicants, or persons included in applications, for work and residence permits are likely to impose a relevant burden because of health or educational needs.

2.0 Recommendations

- 2.1 Executive Council are recommended to:

- Adopt the Education Questionnaire (Annex A1) and Assessment form (Annex A2) to be used in all future Work Permit and Residence Permit applications that include children under the age of 16 years in order that educational burdens can be established prior to such a permit being issued.
- Adopt the revised Medical Certificate, Chest X-ray Certificate and the new Dental Certificate forms (Annex B) to be used in all future Work Permit and Residence Permit applications that are for a duration of 6 months or more, in order that health burdens can be established prior to such a permit being issued.
- Agree that amendments be made to the current work and residence permit application forms to reflect these changes particularly the need to have a medical examination every 3 years.
- Note that a further paper will be submitted from the Director of Health and CMO regarding what medical conditions may place a potential burden on the Health Department.

Responsible Officer: Director Health Services

Timeframe: 6 months (May 2015)

- A review to take place after the 6 month period to ensure the forms has met their target.

Responsible Officer: Principal Immigration Officer

Timeframe: 6 months (May 2015)

3.0 Additional Budgetary Implications

3.1 None

4.0 Background

4.1 On 24th August 2006 Executive Council, when considering Paper 230/06 agreed a recommendation that all new entrants to the Falkland Islands on work permits of six months or more be required to have an immigration medical using the approved forms.

4.2 On 31st May 2007 the Immigration (Amendment) Ordinance 2007 was published which added subsections 4A to Sections 16 and 17 of the principal Ordinance. These subsections state:

“A residence (Sec. 16) / work (Sec. 17) permit will not ordinarily be granted to a person who appears, or any of whose dependents appear, to be likely, because of the person’s or dependent’s state of health, to impose a substantial financial or other burden on public resources, which in all the circumstances, it is unreasonable to expect them to bear”.

4.3 In the Executive Council paper 103/07 which related to the bill for this Ordinance it was stated that it was not the intention that the new medical forms and policy requirements will apply to Military contractors’ personnel at the Mount Pleasant Complex as they were covered by separate arrangements which the Command Secretary at that time confirmed were stricter.

4.4 On 10th October 2010 Executive Council, when considering Paper 261/10 from the Principal Immigration Officer (PIO) in relation to an application for a residence permit in respect of a child, noted that there was an urgent need to address the matter of the potential for an unreasonable burden to be placed on public resources as a result of the special educational needs of children who were the subject of an immigration application.

4.5 The Immigration Amendment Bill 2011, Executive Council paper 36/11, stated that, ‘In regard to policy in relation to educational needs, entitlements and indeed future entitlements to medical treatment both generally and in respect of persons seeking to enter the Islands, the Director of Health and Education and his staff in liaison with the PIO are currently progressing a complete review of both considerations as a whole.’ Unfortunately this review was not completed.

4.6 The Bill became the Immigration (Amendment) Ordinance 2011 on the 1st March 2011 and this amended Section 16 (4A) and 17 (4A), and added a subsection 4B to each so that they read as follows:

(4A) Apermit will not ordinarily be granted if it appears likely (if the application were granted) that an applicant, or a person included in an application, would impose a relevant burden because of –

- (a) the person’s health
- (b) the person’s educational needs

(4B) For the purposes of subsection (4A), a “relevant burden” means a substantial financial or other burden on public resources which, in all the circumstances, it is unreasonable to expect them to bear.”

- 4.7 Currently there is no means in place to support the Education Department in assessing applicants and the introduction of this questionnaire and assessment guide should provide the Head Teachers and Director of Education with the relevant information needed to make recommendations to the Principal Immigration Officer (PIO) in a consistent manner. This form will also serve to inform the schools of incoming children for planning purposes.
- 4.8 The proposed revisions to the Medical form are recommended by the Chief Medical Officer and it is hoped that this, combined with the use of approved “Panel” doctors to carry out the checks in more high risk areas, will not only reduce the financial burden in providing treatment to non-residents but will also allow faster and more effective treatment as more information regarding the patient’s medical history will already be held by the service.
- 4.9 The recommended amendments include blood screening for everyone over the age of 16 and a chest x-ray for persons over the age of 12 who have lived in high risk areas. There are also more stringent processes for confirming the identity of the individual being examined.
- 4.10 The use of approved “panel doctors” is seen as necessary to ensure that the forms are completed consistently and that the information provided can be considered to be reliable as they already undertake such work on behalf of other countries. The Chief Medical Officer has access to a list of these panel doctors around the world and has undertaken additional work in this respect to nominate approved doctors or clinics in areas that were not currently listed (e.g. Punta Arenas in Chile) but doctors in other countries will need to be sent these forms and asked if they will carry out the examinations on our behalf. Applicants from certain countries (e.g. Australia, Canada, New Zealand and USA) do not need to see a panel doctor as it is generally felt by the international medical community that their doctors are trustworthy and reliable enough to fill in a form honestly. These applicants can therefore have the forms completed by their usual family doctor. Any fees involved in an examination and the forwarding of documentation, will be paid by the applicant to the examining doctor as is currently the case.
- 4.11 Dental certificates have never previously been part of the Medical certification process. Some applicants have been asked to provide a letter from their regular dentist to confirm that they have good dental health. The proposed form will provide more relevant information on the patient’s history for the dental service on island and reduce expenditure on treatments or referrals of people who arrive in the islands with poor dental health.
- 4.12 The Policy and Medical sections of the Ministry of Defence at Mount Pleasant have approached FIG about using the same Medical Certificate forms for civilians working for MoD contractors at Mount Pleasant and it is therefore recommended that these forms will apply to all applications for work and residence permits of 6 months or more.
- 4.13 The new forms were considered by the CMT on the 20th October 2014 and members had a diverse view on the adoption of the medical forms. Some felt that the process would deter future applicants from wanting to come to the Falkland Islands and that the cost of medical assessments would considerably increase recruitment costs which would need to be borne by departments and private employers. Other members felt however that the forms would reduce the possibility of a burden falling on the government and if just one medivac was prevented through better screening of

applicants the adoption of the new forms would outweigh any increased recruitment costs.

- 4.14 As CMT could not reach a consensus due to members different professional judgement it was felt that a six month trial should be conducted for the medical forms during which an impact assessment could be held on whether recruitment costs had increased exponentially and whether the forms had achieved their aim. If this was accepted by members a further report would be made to ExCo, 6 months after the trial was introduced.

5.0 Proposed process for the use of the amended forms

- 5.1 If approved, the amended forms will become part of the suite of documents that are issued to prospective applicants overseas and employers in the Falklands Islands.
- 5.2 All new work permit and residence permit applicants who are likely to stay in the Falkland Islands for 6 months or more will be required to undergo a medical examination and all those who wish to have dependent children included on their permit will complete an Education Questionnaire (Annex A1) for each child and return these with their application to the Immigration Service.
- 5.3 Completed Education Questionnaires will be forwarded to the Head Teacher of the relevant school who will examine the form to determine whether any potential relevant burden has been identified. If none are revealed and the child can be accommodated then an Assessment Sheet (Annex A2) for each child will be signed by the Head Teacher and forwarded to the Immigration Officer.
- 5.4 If any of the answers on the completed questionnaire have identified a potential Special Educational Need (SEN) the matter should be referred to the Director of Education to determine whether a burden exists, and to provide the PIO with a recommendation as to whether the application should be declined on that basis. In these cases, the PIO should not issue a permit without the approval of the Director of Education. The process would allow some flexibility depending upon the circumstances in the schools at the time, re class sizes, skills set of teachers re languages and the availability of SEN teachers. The Director will sign off the framework with recommendations as to whether or not a permit should be issued and it will be forwarded to the Immigration Officer.
- 5.5 Applicants other than those who have been offered employment on contracts at Mount Pleasant will send the Medical Certificate, Chest X-Ray Certificate (if applicable) and Dental Certificate direct to the office of the Chief Medical Officer for consideration. Those covered by the MoD Memorandum of Understanding will return the forms to the office of the Senior Medical Officer at Mount Pleasant. Section J of the Medical Certificate will be completed by the relevant authorising officer in the Falkland Islands and sent to the Immigration Service.
- 5.6 Persons already present in the islands who apply for new work or residence permits will be required to include a new Medical Certificate every three years.
- 5.7 Recommendations from the Health and/or Education Departments will be considered by the Immigration Service along with other factors when the application is processed and a decision taken on whether or not to issue a permit.
- 5.8 Applications for permits of 6 months or more will not be considered unless a report from the relevant Medical authority is received (CMO / SMO / SDO) and all those

that include children will not be considered by the Immigration Service unless reports from the Education Department are received.

5.9 What medical conditions place a potential burden on the Health Department?

- 5.10 The CMO advises that the KEMH has very limited capacity for certain medical conditions and some circumstances result in the need for expensive medivac. It is intended that a further paper is written for Honourable Members consideration in the future.

6.0 Financial Implications

- 6.1 The CMO does not believe the recommendations in this paper will substantially increase the cost to the Falkland Islands Government of recruiting from overseas through refunds of medical examination expenses, however the Director of HR disagrees. The average current medical examination charge is £160 and dental examination charge is £50. It is expected that any costs will be borne by the relevant recruiting department and the effect will be minimal.

7.0 Legal Implications

- 7.1 Under Section 39 of the Immigration Ordinance the Principal Immigration Officer requires the approval of the Governor before prescribing any form.

8.0 Human Resources Implications

- 8.1 The Director of HR has raised concerns over the proposed medical screening aspects as follows: While there is no objection to sensible levels of screening to ensure we are able to support people coming to the islands, this must be proportionate to the risk. For Government fixed term contracts where we are predominately recruiting skilled and professional labour from the UK, the introduction of blood tests is considered to be excessive and is likely to negatively impact on Governments ability to recruit. While it is understood that this is an Island wide issue and not solely an FIG issue, there has been no evidence presented as part of this paper that FIG contract staff have caused a significant financial burden to health in recent years nor has “significant financial burden” been defined. The proposed approach will increase the time it takes to recruit and may increase the cost of medicals (Commercial cost of blood tests and additional GP/Dentist chargeable time). The introduction of blood test screening for HIV will deter some low risk groups and families from proceeding with their application, not because of a likelihood of having HIV but a fear of the potential result for themselves or family. While such fears are not necessarily rational and in relation to life insurance discrimination, illegal, they still exist. Finally, the approach may deter medical staff from applying for posts as they may conclude that the screening is linked to inadequate medical care provision and such a perception is not conducive to a positive CV career entry.

EDUCATIONAL NEEDS QUESTIONNAIRE

A copy of this form must be completed in respect of each child under 16 years of age who will be accompanying you and is included in your application for a work permit or residence permit.

Statutory education provision in the Falkland Islands is based on UK (England and Wales) standards and is taught solely in English. It is important that this questionnaire is completed in full in order for the Education Department in the Falkland Islands to assess if any additional requirements might be necessary in providing a satisfactory level of education to your child.

Please note that the Falkland Islands cannot provide regular support with speech therapy, occupational therapy or an educational psychology service.

CHILD'S DETAILS		
Full name of child:		
Date of birth:	Age:	
1. Is the child's first language English?	YES	NO
If "NO", what is their first language?		
2. Is this child able to access all aspects of the school curriculum in English without language support?		
	YES	NO
If "NO", please indicate what support is needed.		
3. How many years has he/she attended school?		
4. Please detail below any recognised English international standard exam this child has achieved or list the English tuition they have undertaken in school.		
5. Does this child require special schooling or have any health, developmental disabilities or educational needs that would be additional to normal school provision?		
	YES	NO
If "YES", please provide full details below of what educational provision they currently receive and what they will need going forward.		
6. Has this child even been referred to a professional consultant in relation to their education?		
a) Psychologist	YES	NO
b) Occupational Therapist	YES	NO
c) Speech & Language Therapist	YES	NO
If the answer to 6. a), b) or c) is "YES", please provide details below of the dates of referrals and include the most recent reports from the professionals consulted with this questionnaire.		

Annex A1

Name of work permit applicant:

Name of child:

CURRENT SCHOOL DETAILS	
Name of current school:	
Address:	
Contact name:	
Contact e-mail address:	
Contact telephone number:	
How long has this child attended this school?	<input type="text"/> Years <input type="text"/> Months
You must include the child's latest school reports, which detail the level of education attained, with this questionnaire.	
DECLARATION: I understand the questions on this form and confirm that the information provided is true and correct. I also understand that any material mis-statement in this form may result in any permit issued which includes this child as a dependent being revoked.	
COMPLETED BY FULL NAME: SIGNATURE: RELATIONSHIP TO CHILD: DATE:	

ASSESSMENT OF EDUCATIONAL NEEDS

<u>FULL NAME OF CHILD:</u>		
<u>ASSESSMENT BY HEAD TEACHER OF FICS/IJS*</u> (*delete as appropriate)		
Will the school require additional resources to provide education to this child?		
Additional Teacher due to class size	Yes	No
Additional Learning Support Assistant	Yes	No
Speech & Language Therapy	Yes	No
Specialised Equipment	Yes	No
Details:		
Will the child require additional assessments/professional services not provided in the Islands? YES / NO		
Details:		
No Relevant burden identified <input type="checkbox"/>		
Child can be admitted to FICS/IJS from (date)_____/_____/_____		
Referred to Director of Education <input type="checkbox"/>		
Date_____/_____/_____		
Signed _____ Date_____/_____/_____		
RECOMMENDATION OF DIRECTOR OF EDUCATION – if referred by Head Teacher		
Signed: _____ Date: ____/____/____		



The Falkland Islands Government

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Private & Confidential

Dear Doctor,

My name is Dr Rebecca Edwards and I am the Chief Medical Officer of the Falkland Islands.

Part of my role here recently has been to update our immigration medical programme, which included re-writing our medical immigration forms. I attach a copy of the relevant forms above.

Already we have had people from your area requesting a list of Panel Physicians. I have sourced your name and contact details from the New Zealand Immigration website. Would you be happy to act as a recognised Panel Physician using the forms above? The patient would pay for their consultations when they see you.

As you can see from the documents the medical examination consists of a physical exam, blood tests and in some cases a CXR.

I hope that you will be happy to use our forms for this role and I also hope that you will be happy to see patients and assess them for their immigration process to the Falkland Islands.

If you have any questions about this, please contact me.

With best wishes,

Dr Rebecca Edwards
Chief Medical Officer

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HEALTH REQUIREMENTS

This leaflet will give you information on the health requirements you must meet to be granted entry into and remain in the Falkland Islands. This will apply for a work or residence permit for longer than 6 months.

All applicants, even British nationals, who are entering the Falkland Islands for 6 months or less, will need to have adequate medical insurance to cover all medical evacuation costs.

Acceptable standard of health

Applicants must have an acceptable standard of health. We consider you to have an acceptable standard of health if you are:

- Unlikely to be a danger to public health
- Unlikely to impose significant costs or demands on the Falkland Islands health services for treatment and drugs, including aero medical evacuation costs or special education services
- Able to carry out the duties for which you are applying for entry.

Showing that you have an acceptable standard of health

To show that you have an acceptable standard of health you will have to complete a medical certificate. This medical certificate will be used for all applicants, and dependants of applicants, including children.

Chest X-rays will be required in certain circumstances, i.e. if you come from an area with a high incidence of TB. (please see “Chest X-Ray Requirements” below).

If you have a previous medical certificate you may not need to produce a new certificate provided no more than three years has elapsed and there have been no significant changes to your health.

Medical certificates are required if you are:

- the applicant
- the partner or dependent child of the applicant, who is included in any application for a permit.

The medical certificate is the first part of the application to be filled out when applying to come to the Falklands. Delays in doing this will delay your application.

Chest X-Ray Requirements

If you hold a passport from a place that is not on the list below, you must provide a *Chest X-ray*.

Countries, areas and territories with a low incidence of tuberculosis (TB)

American Samoa	Cyprus
Andorra	Czech Republic
Antigua and Barbuda	Denmark
Australia	Dominica
Austria	Finland
Barbados	France
Belgium	Germany
Bermuda	Greece
British Virgin Islands	Grenada
Canada	Iceland
Cayman Islands	Ireland
Chile	Israel (including the Occupied Palestinian Territory, and including East Jerusalem)
Costa Rica	Italy

Cuba	Jamaica
Jordan	Saint Kitts and Nevis
Libya	Saint Lucia
Liechtenstein	San Marino
Luxembourg	Slovakia
Malta	Slovenia
Monaco	Sweden
Montserrat	Switzerland
Netherlands Antilles	Trinidad and Tobago
Netherlands	Turks and Caicos Islands
New Zealand	United Kingdom
Norway	United States of America
Oman	United States Virgin Islands
Puerto Rico	Vatican City

You must provide a *Chest X-ray Certificate* if you:

- Have lived in or visited a place/places not on the list above for a combined total of three months or more in the five years prior to your application
- Have previously applied for a visa and provided a *Chest X-ray Certificate*, however, you have since spent six consecutive months in any one or more countries not on the list above since your previous application.

Example:

You hold a British passport and you live in the United Kingdom, which is on the list above. However, in the last five years, you have spent five weeks in Thailand and eight weeks in Fiji. Thailand and Fiji are not on the list, therefore you have spent a total of at least three months in a place which is not on the list. You must complete a Chest X-ray Certificate.

Example:

You hold a Chinese passport and live in China. You have previously spent twelve months in the United Kingdom as the holder of a student visa. You provided a Chest X-ray Certificate with your previous application to the UK, which was dated less than 36 months ago. However, since your previous application you have spent six months in China. China is not on the list. You must complete a Chest X-ray Certificate.

Where do I go for a medical examination?

If you live in the UK or the Falkland Islands your own General Practitioner (GP) can complete the form. If you come from Ireland, Canada, USA, Australia or New Zealand your own doctor can complete this form.

If you live outside any of the countries listed you will need to have the form completed by an approved panel physician. Panel physicians are doctors who have been approved by the Falkland Islands Government to undertake this medical examination. A list of approved panel physicians can be obtained from the Falkland Islands Immigration Department.

If you live in a country which does not have any panel physicians, a registered medical practitioner, preferably your own GP, can complete this certificate.

How long are medical certificates valid for?

A *Medical Certificate*, and/or a *Chest X-ray Certificate* (and associated reports) must be less than three months old at the time you lodge your application.

Generally, medical and chest X-ray certificates provided to us will be valid for three years. If you have lodged another application with us recently, and you provided a medical and/or chest X-ray certificate with your previous application, you may not have to submit another certificate provided there have been no changes in your health.

What will we do with information about your health?

When you have submitted your application, we will assess your health status. We use the information provided on your medical examination form as the basis of our assessment.

We may request further medical information from you after you have lodged your application if we need to establish whether you have an acceptable standard of health.

People who do not have an acceptable standard of health

It does not affect your statutory rights to apply, however if you, or any family member included in your application, does not have an acceptable standard of health, your application **may** be declined. With certain conditions a medical waiver may be granted or exceptions put in place. These will often be considered on a case by case basis and may depend on the type of job, or the position that is being applied for.

A medical waiver cannot be granted if you or your family have one of the following

- A requirement for dialysis treatment, or dialysis treatment will be required within five years from the date of the medical assessment; or
- Severe haemophilia; or
- A physical, intellectual, cognitive and/or sensory incapacity that requires full-time care, including care in the community, or full time special needs at school; or
- Current tuberculosis (TB) (any form including pulmonary, non-pulmonary, multidrug-resistant and extensively drug-resistant TB) and has not completed full treatment for TB
- A history, diagnostic findings or treatment for multidrug-resistant or extensively drug-resistant TB.

Applicants who are pregnant

Applicants who are pregnant need to have a full discussion with the CMO before applying, ie so that the applicant can make a fully informed decision about whether to proceed with their pregnancy in the Islands or not.



Medical Certificate

Applicant's note

The information in this section will help you complete this certificate. Please read the information in this section before you start to complete this certificate.

What if I submitted a medical certificate with my last application?

You may not need a new medical certificate if you have submitted a medical certificate completed and dated by an approved medical practitioner within the last 36 months with a previous application, and that information has been retained by Falkland Islands Immigration. If a new certificate is required, you are responsible for any fees.

Where do I go to get my immigration medical examination?

If you live in the UK or the Falkland Islands your own General Practitioner (GP) can complete the form.

If you live outside the UK or the Falkland Islands you will need to have the form completed by an approved panel physician. Panel physicians are doctors who have been approved by the Falkland Islands Government to undertake this medical examination. A list of approved panel physicians can be obtained from the Falkland Islands Immigration Department.

If you live in a country which does not have any panel physicians, a registered medical practitioner, preferably your own GP, can complete this certificate.

Your responsibilities

- You must pay the fees for the immigration medical examination, any tests required and all postage and courier fees.
- You must tell the truth. False statements on a medical certificate result in your application being declined, any permit granted being cancelled, and if you are in the Falkland Islands, you being required to leave the country.

How do I prepare for my immigration medical examination?

- If you are mildly unwell or on a short course of antibiotics, wait until you are better before having your immigration medical examination.
- Do not have alcohol or high fat meals 48 hours before your blood tests.
- You have the rights to bring a person to support you (ie Family member, interpreter) for your medical examination

What do I bring?

- The certificate with sections A and I completed, and your name at the top of each page where indicated.
- Valid passport or national identity document for identification.
- Three recent passport photographs. Photographs must be no more than six months old.
- A list of all your medications (including drug name and dosage).
- All your medical notes and reports, immunisations record, blood test results, X-rays, scans and anything else that is relevant to your health if not held by your own GP.
- Your glasses (spectacles) or contact lenses if you use them.

What to expect for the immigration medical examination

There are three parts to the immigration medical examination:

1. Medical history and physical examination.
2. Urine and blood tests.
3. Chest X-ray, to be completed using the form *Chest X-ray Certificate*
4. The medical certificate must be completed in English.
5. The medical history section (Section B) must be completed by the examining doctor or delegated person. If you are not sure about an aspect of your medical history, declare it.
6. The physician will complete the physical examination. He or she will check your height, weight, mental state, hearing and vision, listen to your heart, lungs, feel your abdomen and check your reflexes, power and the rest of your nervous system.
7. Some parts of the physical examination may be completed by a nurse or health care assistant.
8. You will need to provide a urine sample during the immigration medical examination.
9. You will also need to get blood tests.
10. A chest X-ray and possibly some other tests if clinically necessary.

Women

- Do not have your immigration medical examination during your period (menstruation) because blood may affect the results. Wait until your period is finished before you have your immigration medical examination.
- Women over 45 years will need to have a breast examination. Unless you have a report from a breast specialist, a breast ultrasound scan or mammogram no more than 12 months old.

Children

- All children including babies must have an immigration medical examination.
- Children under 12 years of age **DO NOT** need a chest X-ray unless the physician declares it is necessary or one is requested by the Falkland Islands Health Service.
- Children under 16 years of age **DO NOT** need a blood test unless the physician declares it is necessary or one is requested by the Falkland Islands Health Service.

What happens afterwards?

- Your doctor has to wait for all of your test results to complete the form.
- Your application form is complete only when all the test results and specialist reports have been completed and attached and the doctor has completed all sections of the form.
- You must lodge your completed immigration medical certificates, including all blood tests, and X-rays (*Chest X-ray Certificate*) and any other tests, within three months of the date the completed application form.
- Your application will be assessed by the Chief Medical Officer.
- You may be required to get further specialist reports or tests. You are responsible for paying for these.
- Your medical information may be retained by the Chief Medical Officer for use when assessing your health in the future or for audit reasons.
- The Chief Medical Officer/medical practitioner will complete Section J and return to the Falkland Islands Immigration Service.
- **Once completed, please return this form to pc.medsec@kemh.gov.fk**

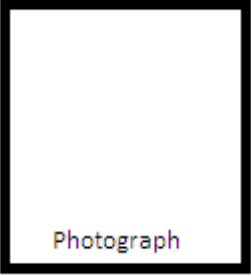
For more information:

If you have questions about completing the form, please contact the King Edward Memorial Hospital on +500 28004 or e-mail pc.medsec@kemh.gov.fk



Falkland Islands

Medical Certificate


 Photograph

Section A Personal Details

Question A1 must be completed by the examining doctor.

All other questions in this section must be completed by the applicant before the examination.

Please use a black pen and write clearly in English using **CAPITAL LETTERS**. Illegible forms will be returned for clarification. Tick or fill in all boxes.

Attach one recent passport-size colour photograph of yourself in the space provided.

The photograph must be no more than six months old. Write your full name on the back of the photograph.

A1 Examining physician certify identity by placing signature and date across photograph without obscuring the likeness of the person.

Valid photographic identification sighted? (ie Passport) ☐ Yes ☐ No

A2 Applicant name as shown in passport

Family / Last name

Given / First name

A3 Other names you are known by

A4 Full home address

Telephone (Daytime)

E-mail

A5 Gender ☐ Male ☐ Female

A6 Date of Birth Date ____ / ____ / ____
Date Month Year

A7 Country of birth

A8 Country of Citizenship

A9 Number of children born to applicant

A10 List all countries you have lived, studied or worked in for three months or more in the last 5 years

A11 What is your intended work activity in the Falkland Islands?

Section B Medical History

Applicant:

- The examining physician will complete this medical history section with your assistance.
- You (the applicant) must NOT complete this section.**
- If the form is for a child under 16 years of age, the examining physician (or a delegated staff member such as a nurse) will complete the medical history section with the assistance of a parent or guardian.
- If you answer '**Yes**' to any question, please give details and give the physician any reports, tests or other information.

Have you had or do you have any:

B1 Prolonged or repeated hospital admission and/or any surgery?

☐

Yes

☐

No

If Yes, please give details.

B2 Heart or lung condition?

☐

Yes

☐

No

If Yes, please give details.

B3 Kidney bladder condition?

☐

Yes

☐

No

If Yes, please give details.

B4 Diabetes?

☐

Yes

☐

No

If Yes, please give details.

B5 Neurological condition, hearing or vision problems?

☐

Yes

☐

No

If Yes, please give details.

B6 Physical, intellectual or development condition?

☐

Yes

☐

No

If Yes, please give details.

B7 Psychiatric (mental) Problems or addiction?

☐

Yes

☐

No

If Yes, please give details.

B8 AIDS, Hepatitis B, Hepatitis C or positive HIV tests?

☐

Yes

☐

No

If Yes, please give details.

B9 Tuberculosis (TB), treatment for TB, and/or household and/or occupational contact with someone with TB?

☐

Yes

☐

No

If Yes, please give details.

B10 Muscle, bone, skin, hereditary or autoimmune condition?

☐

Yes

☐

No

If Yes, please give details.

B11 Cancer, malignancy or organ Transplant? When?

☐

Yes

☐

No

If Yes, please give details.

B12 Government assistance for medical, health disability reasons?

☐

Yes

☐

No

If Yes, please give details.

B13 Any treatment or therapy?

☐

Yes

☐

No

If Yes, please give details.

B14 Do you smoke or have you ever smoked?

☐

Yes

☐

No

If Yes, please give details.

B15 Do you consume alcohol?

☐

Yes

☐

No

If Yes, please give details.

(Units per week)

B16 Are you pregnant?

☐

Yes

☐

No

If Yes, please give details.

B17 List all medications and doses (Excluding contraceptive)

Drug Name	Dose	Quantity	Frequency

B18 Vaccination Status

Vaccine	Date given (if given)	Date Boosters given
Diphtheria, Tetanus, Pertussis		
Polio		
Hib		
Hepatitis B		
Hepatitis A		
Measles, Mumps, Rubella		
Meningitis C		
Typhoid		
Yellow fever		
BCG		

B19 Family history: Please complete the table below detailing relationship, age and state of health of your parents, brothers and sisters. If any are deceased, please specify the age of death and cause of death.

Relationship (ie Father, Sister)	Age	State of Health (If not good, please state reason)	Cause of Death if deceased (Please provide full details)	Age at death

Section C Declaration of person having the medical examination

This declaration must be signed and dated by the person being examined in the presence of the examining physician. A parent or guardian must sign on behalf of a child under 16 years of age. Please read carefully before signing.

I understand the notes and questions in Section A and B of this certificate and I declare the information given about me is true, correct, and complete.

I understand that this declaration also applies to the laboratory test section.

I declare that I will inform Falkland Islands Immigration of any relevant fact or any change or circumstance that may affect the decision on my application due to my health circumstances.

I authorise Falkland Island Chief Medical Officer to make any enquiries it deems necessary in respect of the information provided on this certificate and to share this information with other Government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.

I undertake to pay the fees for this medical examination including laboratory tests and I also agree that I or my child will undergo, at my expense, any further medical examination(s) that may be required in respect of the immigration application.

I agree that the examining physician, and the laboratory who complete this certificate, may release to The Chief Medical Officer any information acquired with regard to the health of myself or my child.

I understand that if I make any false statements or provide any false or misleading information, or have changed or altered this form in any material way after it has been signed, my application may be declined and I may lose any right of appeal of the decision to decline the application. I may become liable for deportation. I may also be committing an offence and I may be imprisoned.

Signature of person being examined

Date

(Of parent / guardian)

Full name of parent/guardian (If applicable)

Relationship to person being examined (If applicable)

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting applicant

Date

Full name of person assisting

Declaration of examining Physician

Signature of examining physician

Date

Full name of examining physician

Section D Physical Examination

This section must be completed by the examining physician. Answer all questions.

Please add additional sheets of paper if you need more room. Sign, date and stamp each piece of paper.

Where abnormalities are indicated, please provide all the relevant details in the space provided and attach any existing specialist reports. If you do not have enough space, attach a separate sheet. All attached sheets must be initialised by the examining physician.

Was a chaperone present during the examination? ☐ **Yes** (Give Details) ☐ **No** ☐ **Declined**

Was interpreter present during the examination? ☐ **Yes** (Give Details) ☐ **No** ☐ **Declined**

If yes, provide name and relationship to the person being examined

D1 Date of examination

D2 Height in Metres

Weight in Kilograms

Body Mass Index (Kg/m²)

D3 Pulse rate and rhythm

☐

Normal

☐

Abnormal

Give details

D4 Bruits

☐

Normal

☐

Abnormal

Give details

D5 Blood pressure

Systolic

Diastolic

D6 Peripheral pulses

☐

Normal

☐

Abnormal

Give details

D7 Heart sounds

☐

Normal

☐

Abnormal

Give details

D8 Visual Activity

☐

Normal

☐

Abnormal

Give details

Corrected visual acuity

Left

Right

D9 General appearance

☐

Normal

☐

Abnormal

Give details

D10 Cardiovascular system

☐

Normal

☐

Abnormal

Give details

D11 Respiratory system

☐

Normal

☐

Abnormal

Give details

D12 Ear, nose, throat

☐

Normal

☐

Abnormal

Give details

D13 Abdominal and genitourinary system

☐

Normal

☐

Abnormal

Give details

D14 Neurological system

☐

Normal

☐

Abnormal

Give details

D15 Hearing

☐

Normal

☐

Abnormal

Give details

D16 Eye / Fundal / Colour chart

☐

Normal

☐

Abnormal

Give details

D17 Physical, intellectual or sensory capacity

☐

Normal

☐

Abnormal

Give details

D18 Psychiatric status

☐

Normal

☐

Abnormal

Give details

D19 Musculoskeletal system

☐

Normal

☐

Abnormal

Give details

D20 Skin and lymph nodes including cervical lymph nodes in children under 15 years of age

☐

Normal

☐

Abnormal

Give details

D21 Evidence of drug taking

☐

Yes

☐

No

Give details

D22 Breast examination in women over 45 years of age

☐

Normal

☐

Abnormal

Give details

D23 Children under 5 years of age: Developmental milestones

☐

Normal

☐

Abnormal

Give details

D24 Children under 3 years of age: Head circumference

☐

Normal

☐

Abnormal

Give details

D24 In your opinion, is the applicant able to live independently without significant support and perform activities of daily living without assistance? ☐ Yes ☐ No Please give details on the space provided below.

Next steps – Check list

Examining Physician:

☐

Arrange urinalysis for all applicants five years of age and over.

☐

Complete Laboratory Referral Form and detach for applicant to take when giving blood sample.

☐

Consider noting any conditions which may be relevant to the radiologist when examining the X-ray. (Refer to question D1 on the X-ray certificate)

Applicant:

☐

Undergo blood tests and X-ray (Refer to Sections H and I of this form and the Chest X-ray Certificate)

Section E Urinalysis and Blood tests

This section must be completed by the examining physician on receipt of laboratory test results and urinalysis. The examining physician must sign and attach all test results.

Urinalysis

- May be completed via dipstick (by examining physician) or via laboratory. Where dipstick results return abnormalities attach full laboratory urinalysis.
- Required for all persons (except children under five years of age).
- Children under five years of age should have urinalysis if clinically indicated, for example, a history of kidney disease or recent tonsillitis.
- Females must not undergo urinalysis during their period (menstruation).
- Repeat/follow up laboratory urinalysis if positive blood pigment: red cells and/or test positive for protein.

E1 Urinalysis Results

Date of test/retest	Protein	Glucose	Blood

Date ☐ Dipstick ☐ Laboratory

(Date if tested again)

Date ☐ Dipstick ☐ Laboratory

Please attach results of ALL laboratory tests ☐

Blood Tests

E2 Standard (compulsory) blood tests for all applicants 16 years of age and over.

Date

HbA-1C ☐ Normal ☐ Abnormal

Give details

Serum Creatinine ☐ Normal ☐ Abnormal

Give details

Hepatitis B Surface Antigen (Hep B aAg) **Negative** ☐ **Positive*** ☐

Give details

**request hepatitis B antigen, Alphafetoprotein and liver function tests.*

Hepatitis C Serology **Negative** ☐ **Positive*** ☐

Give details

**request HCVRNA*

HIV **Negative** ☐ **Positive*** ☐

Give details

**request with Western Blot or Local equivalent for confirming HIV*

Treponemal serology ☐ Normal ☐ Abnormal

Give details

Full blood count ☐ Normal ☐ Abnormal

Give details

Please attach results of ALL laboratory tests ☐

Section F

This section is **COMPULSORY**. Please provide your comments on the history and health of this applicant, especially any areas where you consider follow-up is required. Please note any further tests or investigations that you would recommend.

[illegible]

Recommendation

Please consider the information provided about this applicant and refer to the Falkland Islands Chief Medical Officer if you have any queries regarding your recommendation. Based on the history, examination, the laboratory tests and the X-ray (if provided), you must consider whether:

- There are any significant findings (*If YES, please expand/explain. Use a separate sheet or paper if required*)
- There are any abnormal findings
- There are no significant or abnormal findings

1. ☐ No significant or abnormal findings
2. ☐ Abnormal findings (not significant)
3. ☐ Significant findings (*If YES, please expand/explain. Use a separate sheet or paper if required*)

Section G Examining doctor's declaration

This declaration must be signed and dated by the examining physician responsible for this examination. This declaration must be signed after the examining doctor has sighted and considered all medical test results. Please read carefully before signing. Please write name and other details below.

I certify that this person has been examined by me or staff under my supervision and their identification presented has been examined to the best of my knowledge.

I certify that all tests, investigations and reports I have considered are signed by me and securely attached.

Signature of examining doctor

Date

Full name

Place of examination (City/State and Country)

Postal Address

Daytime Telephone Number

Email address

Would you like the CMO in the Falkland Islands to contact you about this information?

☐

Yes

☐

No

*Issuing Authority Stamp***GMC NO.** or Equivalent professional body identifying number:

Section H Instructions for examining doctor

Examining doctor : Please complete your contact details.

Applicant's Details *(Please write)*

Applicant's Full name

Applicant's Date of Birth

Laboratory tests required?

☐

Yes

☐

No

Standard (compulsory) tests**Discretionary tests**☐

HbA-1C

☐Any other test deemed necessary by the
examining physician *(Please list below)*☐

Serum Creatinine

☐Hepatitis B surface antigen *(Hep B aAg)*☐

Hepatitis C serology

☐

HIV

☐

Treponemal serology

☐

Full blood count

Signature of examining doctor

Date

Examining doctor's full name

Postal Address

*Issuing Authority Stamp***GMC NO.** or Equivalent professional body identifying number:

Section I Confirmation of identity and declaration**Applicant**

- Attach one recent colour passport photograph in the space provided.
- Complete I1 to I7 before your examination.
- Present this form when having blood taken for testing.
- The declaration below must be completed and signed in front of the person taking blood.

Person taking blood

☐ Valid photographic identification sighted? (*ie Passport*)

Certify identity by placing signature and date across photograph without obscuring the likeness of the person.

Applicant Details

I1 Passport Number

I2 Applicant's name as shown in passport:

Family/last name

Given /first name(s)

I3 Other names you are known by

I4 Gender ☐ **Male** ☐ **Female** **I5** Date of Birth

I6 Country of Birth

I7 Country of Citizenship

Applicant's declaration

I certify that I have read and understood the declaration at section C on page 4. I understood that the declaration at that section also applies to the laboratory tests.

Signature of Applicant Date

Full name of parent/guardian

Relationship to person being examined

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of Applicant Date

Full name of person assisting

Declaration of person taking blood

I certify that I have confirmed the applicant's identity in terms of papers, photographs and appearance.

Signature of Applicant Date

Full name of person taking blood

Section J Falkland Islands Government Medical and X-ray Certificate Form

This section is to be completed by the applicant.

Personal Details

J1 Surname

J2 First Name(s)

J3 Gender ☐ **Male** ☐ **Female** **J4** Date of Birth

J5 Full name of parent(s) / guardian(s) *(If the applicant is aged 16 years and under):*

J6 Country of Birth **J7** Citizenship

J8 Passport Number **J9** Marital Status

J10 I am also a citizen, or used to be a citizen of

J11 Address Telephone
 E-mail

J12 Type of stay in the Falkland Islands ☐ **Permanent** ☐ **Temporary**

J13 If temporary, please state the length of time

J14 Number of children born to applicant

Number of children alive	Number of children deceased	Total born children
<input type="text"/>	<input type="text"/>	<input type="text"/>

J15 Present occupation

J16 Previous occupation(s)

Declaration from Falkland Islands Government CMO and/or FIG Medical Practitioner

This section must only be completed by the Falkland Islands Government Chief Medical Officer / FIG Medical Practitioner, who should tick the appropriate statement below:

Certified medically fit for:

- a) Long term residence in the Falkland Islands (more than 5 years)
- b) Short term residence in the Falkland Islands (less than 5 years)
- c) Not fit

☐
☐
☐

In the case of b) or c) please provide a report to the Principal Immigration Officer

¹ Signature of FIG Medical Officer Date

² Signature of FIG Medical Officer Date



Chest X-ray Certificate

Applicant's note

The information in this section will help you complete this chest X-ray certificate. Please read the information in this section before you start to complete this certificate.

PLEASE NOTE: Children under 11 years of age and women who are pregnant are not required to undergo a chest X-ray examination unless requested by the Falkland Islands Health Service.

What if I submitted a chest X-ray certificate with my last application?

You may not need a new chest X-ray certificate if you have submitted a chest X-ray certificate completed and dated by a radiologist or a radiographer within the last 36 months with a previous application, and that information has been retained by the Falkland Islands Health Service. If a new certificate is required you are responsible for any fees.

PLEASE NOTE: You will need to provide a new chest X-ray certificate if you have spent six consecutive months in a place that is not on the list of countries, areas and territories with a low incidence of TB since any previous chest X-ray certificate was completed and dated by a radiologist or radiographer.

Where do I get my immigration chest X-ray?

This chest X-ray certificate must be completed by a radiologist. This certificate is not to be completed by a radiologist or radiographer who is related to the person having the chest X-ray examination.

Please note you may require a referral from a registered medical practitioner for a chest X-ray.

In most countries Falkland Immigration has an approved list of panel physicians who must be used for the examination. If you require information on the panel physicians list, please contact Falklands Immigration.

If you live in a country which does not have any panel physicians, a registered radiologist can complete this certificate.

Your responsibilities:

- You must pay the fees for the chest X-ray, any tests required and all postage and courier fees.
- You must tell the truth. False statements on a medical certificate may result in your application being declined, any visa granted being cancelled, and if you are in the Falkland Islands, you may be required to leave the country.
- Completing the certificate

This certificate must be completed in English.

If any accompanying specialist report cannot be provided in English, a certified translation must be provided along with the original specialist report.

Radiographer:

The radiographer must:

- Certify the identity of the person being examined, by signing and dating the front of the photograph at A1 (without obliterating the image). These details must not extend beyond the photograph's edge
- Check passport details and record the passport number (or other form of identification) at A4 and on every following page in the top right-hand corner, and
- Witness Section A: Confirmation of identity.

Radiologist:

If a radiographer is not involved in this process, the radiologist must complete the steps outlined above, and:

- Complete sections D and E
- Complete one form only for each person having the examination
- Ensure the radiologist's report is attached to this certificate
- Where abnormalities are present or indicated, ensure the X-ray film accompanies this certificate
- Ensure the completed certificate and radiologist's report, (and X-ray film if abnormalities have been noted) are returned to the applicant
- Provide a copy of the radiologist's report to the referring examining physician.

Person having chest X-ray examination:

When you have your chest X-ray examination you must do the following:

- Attach one recent passport-size colour photograph of yourself in the space provided. The photograph must be no more than six months old
- Bring your valid passport (or other photographic identification, for example national identity card where passport unavailable). The examining physician will not proceed with the examination without photographic identification
- Complete sections A and B before attending the examination
- Complete Section C: Declaration of person having chest X-ray examination in the presence of the radiographer.
- *If you have evidence of past or present TB you may be asked to provide a respiratory physician's report. This must include:*
 - The date of diagnosis
 - Documentation of treatment given
 - Compliance with treatment confirmed, and
 - Results of 3x3 sputum cultures. Smears alone will not be accepted.

What happens after the examination?

The radiologist who completes your medical certificate will return the form and all associated reports (and X-ray film if abnormalities have been noted) to you, or to the medical practitioner who referred you.

You must submit your completed chest X-ray certificate, along with any other medical certificates required, within three months from the date the radiologist signed the completed chest X-ray certificate.

Your application will be assessed by the Chief Medical Officer or other medical practitioner. You may be required to get further specialist reports or tests. You are responsible for paying for these. Your medical information may be retained by the Falkland Islands Health Service.

For more information:

If you have questions about completing the form, please contact the Falkland Islands Government Health Services Department on +500 28004 or e-mail pc.medsec@kemh.gov.fk



Falkland Islands

Chest X-ray Certificate

Photograph

Section A Confirmation of Identity

Attach one passport-size colour photograph here. The photograph must be no more than six months old. Write your full name on the back of the photograph.

Questions A1, A2 and A3 must be completed by the person having the chest x-ray examination.

Question A4 must be completed by the radiographer or radiologist.

A1 Full name as shown in passport

Family / Last name

Given / First name(s)

A2 Gender ☐ Male ☐ Female

A3 Date of Birth

To be completed by the radiographer or radiologist

A4 Valid passport sighted? ☐ Yes ☐ No

If yes, please give details below

Passport Number

OR Valid photographic identification (ID) sighted? ☐ Yes ☐ No

If yes, please give details below

Type of ID

ID Number

Section B Details of person having Chest X-ray Examination

This section must be completed by the person having the Chest X-ray examination before attending the examination.

B1 Name as shown in passport

Family / Last name

Given / First Name(s)

B2 Full home address**B3** Telephone (Daytime)**B4** Email**B5** Gender ☐ **Male** ☐ **Female****B6** Date of Birth**B7** Country of Birth**B8** Country of Citizenship

This declaration must be signed and dated by the person having the chest X-ray examination, in the presence of the radiographer or radiologist.

A parent or guardian must sign on behalf of a child under 16 years of age.

Please read carefully before signing.

I declare that the details given by me to the radiologist or radiographer on this X-ray certificate and set out in section A of this certificate are true and correct in every respect.

I declare that I will inform the Falkland Islands Immigration Service of any relevant fact or any change of circumstances that may affect the decision on my application for a permit due to my health circumstances.

I authorise the Falkland Islands, Chief Medical Officer to make any enquiries it deems necessary in respect of the information provided on this form and to share this information with other Government agencies (including health service agencies and overseas agencies) to the extent necessary to make a decision about my immigration status.

I undertake to pay the fees for this X-ray examination and I also agree that I or my child will undergo, at my expense, any further examinations that may be required in respect of my immigration application.

I agree that the radiologist or radiographer who completes this certificate may release to the Falkland Islands Health Service, any information acquired with regard to the health of myself or my child.

I understand that if I make any false statements, or provide any false or misleading information or have changed or altered this certificate in any way, my application may be declined, or I may become liable for deportation, and that I may be committing an offence and be liable to prosecution and imprisonment.

Signature of person having Chest X-ray

Date

(Parent / Guardian)

Full name of parent / guardian

Relationship to person having Chest X-ray

Signature of radiographer or radiologist

Date

Name of radiographer or radiologist

This section must be completed in full by the radiologist.

Where abnormalities are present, the radiologist must provide details and comments in the space provided and the X-ray film must accompany this certificate. The radiologist's report must be attached to this certificate and both returned to the examining physician or applicant.

D1 Notes to radiologist from examining physician *(If applicable)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

D2	Skeleton and soft tissue	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details
D3	Cardiac Show	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details
D4	Hilar & Lymphatic glands	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details
D5	Hemi-diaphragms and Costophrenic angles	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details
D6	Lung fields	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details
D7	Evidence of TB	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details
D8	Evidence of old, healed TB	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details
D9	Evidence suspicious of active TB	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details

If abnormalities/evidence are noted in **D1** to **D9**, then include all X-ray films/plates/scans to show recent and past history of diagnosis and treatment. X-ray films/plates/scans must have a corresponding report attached.

D10 Details of other abnormalities

This declaration must be signed and dated by the radiologist who examined the chest X-ray.

I certify that the statements made by me in answer to all the questions are true to the best of my knowledge and belief.

Signature of radiologist

Date

Radiologist's details

Full name

GMC Number for UK Practitioners

Place of examination (City/state and country)

Postal Address

Telephone (Daytime)

Email



Dental Assessment

Falkland Islands Government Dental Assessment

Dear Colleague,


The individual you are examining has applied to work in the Falkland Islands for an extended period of time. Our dental facilities are limited to primary care. For this reason we wish to establish thorough dental fitness prior to departing for the Falkland Islands. It is essential that avoidable dental emergencies do not occur in this remote location.

Please complete the attached form for the patient following a thorough dental examination including bitewing radiographs where these have not recently been taken and an OPT where unerupted, partially erupted, or problematic wisdom teeth are present.

We would emphasise the importance of restoring carious lesions, removing teeth of poor prognosis and providing high quality root canal treatment where appropriate before declaring the individual to be dentally fit for deployment.

Thank you for your co-operation.

.....



Photograph

Confirmation of Identity

Attach one passport-size colour photograph here. The photograph must be no more than six months old. Write your full name on the back of the photograph.

Questions A1, A2 and A3 must be completed by the person having the dental examination.

A1 Full name as shown in passport

Family / Last name

Given / First name(s)

A2 Gender ☐ Male ☐ Female

A3 Date of Birth

Name and address of dental practitioner	
Patient Name (Surname, forename(s))	
Patient D.O.B.	

Date of last dental attendance			
Regular attender ? (Yes / No)			
Reason for last attendance			
3rd Molars Present	<i>Unrupted</i> <input type="checkbox"/>	<i>Partially erupted</i> <input type="checkbox"/>	<i>Erupted into function</i> <input type="checkbox"/>
3rd Molars Symptomatic? (Yes / No)			
Radiographic Report or attached X-rays			

Please chart missing teeth, existing restorations, endodontically treated teeth and untreated disease if you have not been able to complete treatment and you deem treatment is necessary to ensure dental fitness

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Please identify potential areas for concern

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Examining dentist's declaration

I have examined this individual prior to travel to the Falkland Islands. All necessary treatment that the patient is willing to undergo has been completed and I have identified what I believe to be potential areas of concern.

Signature of Dental Examiner

Name of Dental Examiner

Date

GDC Number

Issuing Authority Stamp
Declaration from Falkland Islands Government Senior Dental Officer

This section must only be completed by the Falkland Islands Government Senior Dental Officer, who should tick the appropriate statement below:

Certified dentally fit for:

- a) Long term residence in the Falkland Islands (more than 5 years)
- b) Short term residence in the Falkland Islands (less than 5 years)
- c) Not fit

☐
☐
☐

In the case of b) or c) please provide a report to the Principal Immigration Officer

¹Signature of FIG Dental Officer