



**Please note:** When saving your application and medical form, save your full name in the title of file before submitting. i.e JohnDoeApplicationform or JohnDoeMedicalform.

Medical-in-Confidence  
**Cayman Islands Candidate Medical Statement**

<b>Name:</b>
<b>D.O.B.:</b>

The purpose of this Medical Questionnaire is to understand your medical health before you enlist in the Cayman Islands Regiment. A positive response to a question does not necessarily disqualify you from joining. Please answer the following questions on your past or present medical history by ticking **YES or NO**. If you are not sure, answer YES.

Y	N	
		Have you been hospitalized for a mental health disorder?
		Could you be pregnant, or are you attempting to become pregnant?
		Are you presently taking prescription medications? (with the exception of birth control or anti-malarial). <b>If yes, please provide details:-</b>
		Do you currently smoke a pipe, cigars or cigarettes or do you vape?
		Are you currently receiving medical care <b>If yes, please provide details:-</b>

**Have you ever had or do you currently have...**

		A high cholesterol level
		Asthma, or wheezing with breathing, or wheezing with exercise?
		Frequent or severe attacks of hay fever or allergy?
		Frequent colds, sinusitis or bronchitis?
		Any form of lung disease?
		Pneumothorax (collapsed lung)?
		Other chest disease or chest surgery?
		Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?
		Epilepsy, seizures, convulsions or take medications to prevent them?
		Recurring complicated migraine headaches or take

		medications to prevent them?
		Blackouts or fainting (full/partial loss of consciousness)?
		Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
		Dysentery or dehydration requiring medical intervention?
Y	N	
		An inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
		A head injury with loss of consciousness in the past five years?
		Recurrent back problems?
		Back or spinal surgery?
		Diabetes?
		Back, arm or leg problems following surgery, injury or fracture?
		High blood pressure or take medicine to control blood pressure?
		Heart disease?
		A heart attack?
		Angina, heart surgery or blood vessel surgery?
		A family history of heart attack or stroke
		Sinus surgery?
		Ear disease or surgery, hearing loss or problems with balance?
		Recurrent ear problems?
		Sickle cell anaemia, bleeding or other blood disorders?
		Hernia?
		Ulcers or ulcer surgery?
		A colostomy or ileostomy?
		Recreational drug use or treatment for, or alcoholism in the past five years?
		Do you have any allergies (food/ bee stings etc). <b>If yes, please provide details:-</b>
		Have you suffered partial or full loss of vision in any eye? Do you have any eye condition?
		Are you colour blind?
		Do you have and kidney or urinary problems?
<b>Give the name and address of your personal doctor:</b>		
<b>Blood Group (if known):</b>		



**Please note:** When saving your application and medical form, save your full name in the title of file before submitting. i.e JohnDoeApplicationform or JohnDoeMedicalform.

Medical-in-Confidence  
**Cayman Islands Candidate Medical Statement**

---

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition. I understand that I may be subject to military discipline and or discharge for any failure to disclose any existing or past health condition.

**Signature & Date**