# Application for a Student Visa

An application to renew a work permit should be sent to Chief Immigration Officer, Department of Immigration, P.O Box 1098GT, George Town, Grand Cayman.

**Notes:**
1. This form should be completed by all persons wishing to enter the Cayman Islands for the purpose of study. Please ensure that you collect the accompanying information sheet before completing this form.
2. This form must be completed fully (even if the answer is in the negative) and in BLOCK LETTERS. An incomplete or illegible application will not be processed and will be returned to the applicant.

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### 1. Surname (Last Name)  Maiden Name  Given Names (First Names)

### 2. Nationality  Place of Birth  Date of Birth  Sex: Male  Female

### 3. Occupation (if any)

#### (i) Name and address of employer (if any)

### 4. Passport number  Issue at  Date Issued

### 5. Present address:

#### (i) House No.

#### (ii) Street name.

#### (iii) District.

#### (iv) P.O. Box

#### (v) Telephone

### 6. Why do you wish to study in the Cayman Islands?

### 7. Name of educational establishment where you wish to study

### 8. Have you been accepted by this educational establishment?  Yes  No

### 9. Title of proposed course of study

#### (i) Duration of proposed course of study

#### (ii) How many hours of classroom study per week will you be required to undertake?

### 10. How long do you propose to remain in the Cayman Islands?

### 11. Do you intend to leave the Cayman Islands at the end of the period of study?  Yes  No

### 12. Do you wish to be accompanied by dependant(s) whilst studying in the Cayman Islands?  Yes  No

If so, please provide details:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth D/M/Y</th>
<th>Nationality</th>
<th>Relationship</th>
<th>Country of Residence</th>
</tr>
</thead>
</table>
APPLICATION FOR A STUDENT VISA

An application to renew a work permit should be sent to Chief Immigration Officer,
Department of Immigration, P.O. Box 1099GT, George Town, Grand Cayman.
AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE SENDER.

13. Please provide details of how your study and stay in the Islands being funded?

14. Have you or any of your dependents accompanying you ever been convicted of a crime or sentenced to any term of imprisonment? Yes ☐ No ☐
   If Yes, please provide details:

15. Do you or any of your dependents accompanying you suffer from any disease or infirmity of mind and body? Yes ☐ No ☐
   If Yes, please provide details:

16. Where will you and any accompanying dependent(s) reside whilst in the Cayman Islands?

17. How much does this accommodation cost per month (including utilities)?

18. Are you a native English speaker? Yes ☐ No ☐

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and am aware that it is a criminal offence to make a statement or representation that is false in a material particular which I know to be false or do not believe to be true.

Signature of prospective Student

Date
1. Medical examinations are required on initial application for work permit and once in every three years thereafter. The Immigration Department reserves the right to require medical examinations at any time.

2. Laboratory tests have to be repeated with each medical examination. Chest X-rays are required once in every five years. For practical purposes, for renewal application a chest X-ray is not required if the previous X-rays were done within 4 years of application.

3. Laboratory reports have to be attached for HIV and VDRL tests.

4. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.
# IMMIGRATION
CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION DEPARTMENT GUIDELINES TO MEDICAL PRACTITIONERS

## MEDICAL EXAMINATIONS FORM

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3. Laboratory reports have to be attached for HIV and VDRL tests.

4. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.

### PART 1
**QUESTIONNAIRE (TO BE COMPLETED BY APPLICANT)**

<table>
<thead>
<tr>
<th>1. (a) Surname (Last Name)</th>
<th>Maiden Name</th>
<th>Given Names (First Names)</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(b) Nationality</th>
<th>(c) Country of Birth</th>
<th>(d) Date of Birth</th>
<th>(e) Passport number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(f) Mental Status</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Widowed</th>
<th>Single</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

2. Have you ever had or currently have:

- (a) Nerves or mental trouble
- (b) Fits or convulsions?
- (c) Heart trouble or raised blood pressure?
- (d) Lung tuberculosis, Asthma or hay fever?
- (e) Contact with a case of tuberculosis?
- (f) Frequent or prolonged indigestion?
- (g) Malaria, dysentry or any other tropical illness?
- (h) A sexually transmitted disease?
- (i) Eye trouble?
- (j) Any serious operation?
- (k) Diabetes?
- (l) Rheumatic Fever?
- (m) Family history of mental trouble, suicide, fits, any kind of tuberculosis, diabetes or raised blood pressure?
- (n) Any illness not mentioned above?
- (o) A physical defect?

3. Do you take alcohol or habit forming drugs?

4. Have you ever applied for or received disability benefits?

If you have answered yes in questions 2, 3 or 4, please provide details

5. Are you now in good health? Yes [ ] No [ ] If no, give details

6. Are you now pregnant? Yes [ ] No [ ] Not Applicable [ ] If yes, how many months __________

Date ___________________________ Signature of Applicant ___________________________

Date ___________________________ Medical Examiner __________________________

MEDICAL FORM CONTAINS 2 PAGES
PART 2
MEDICAL EXAMINATION (TO BE COMPLETED BY MEDICAL EXAMINER)

1. Is the Examinee personally known to you?  Yes ☐  No ☐
   If no, did you check ID?  ☐

2. Height ______ feet ______ in.  Weight ______ lbs. (in under clothes)  Waist ______ in.
   Chest measurements on respiration ______ in, on expiration ______ in.

3. Blood pressure (two readings: at rest/sitting) ______ lying down ______  4. Pulse rate ______

4. Date and report of last E.C.G. if any ________________

5. Are the following free from any pathological condition or abnormality:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Throat &amp; Mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Cardiovascular System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Respiratory System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Locomotor System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Nervous System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j) Genito-Urinary System</td>
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<td></td>
</tr>
</tbody>
</table>

If you answered "no" to any of the above questions, please provide details.

6. Is the examinee on any drug therapy at present?  Yes ☐  No ☐
   If yes, give details ______________________________________________________

7. Give details of any operations ____________________________________________
   Date, type, complications, duration, etc.

8. Medical condition:
   a) _____________________________________________________________
   b) _____________________________________________________________
   c) _____________________________________________________________
   d) _____________________________________________________________

Date of Examination ________________  Signature Medical Examiner ________________
## PART 3
### XRAY AND LABORATORY INVESTIGATIONS (TO BE COMPLETED BY MEDICAL EXAMINER)

(a) Hospital Xray No. _______________ Date _______________ Result _______________
(Must have been done within 6 months of initial application and within 4 years of renewal application)

(b) Urine: _______________ Date _______________ Albumin _______________ Sugar _______________

(c) Blood Tests (attach laboratory reports)

<table>
<thead>
<tr>
<th>TESTS</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>VDRL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV SCREEN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Test must have been done within 3 months of application. The Immigration Department reserves the right to request application to repeat these tests in the Cayman Islands)

(d) Other tests (depending on history and disease prevalence in the country of origin)

<table>
<thead>
<tr>
<th>TESTS</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Name and address of Medical Examiner in BLOCK Capitals

Qualifications _______________ Medical Registration Number _______________

Address of Registering body _______________

Date of Examination _______________ Signature Medical Examiner _______________

FOR OFFICIAL USE ONLY
ATTACH PASSPORT PHOTOS HERE

PLACE PASSPORT SIZE PHOTO HERE
(FRONT VIEW)

PLACE PASSPORT SIZE PHOTO HERE
(SIDE VIEW)

ALL THIS INFORMATION IS MANDATORY FOR ENTRANCE TO GRAND CAYMAN AND IS FORWARDED TO CAYMAN ISLANDS IMMIGRATION DEPARTMENT FOR REVIEW.