



# Vanuatu Citizenship Health Declaration Form

**This medical declaration form must be completed and declared by each of the Main Applicant, spouse, dependent child(ren) and dependent parent(s). Please supply additional details on supplemental sheet(s) if necessary**

M1. Surname:	M2. First (given) name:	M3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
M4. Place and country of birth:	M5. Date of birth:	
M6. Home address:	M7. Passport number:	M8. Passport country and date of issue:
	M9. Height (in cm):	M10. Weight (in kg):

M11.  For the purpose of my Citizenship Application to the Republic of Vanuatu, or being the spouse / resident dependent of the Main Applicant in the Application (as the case may be), I hereby declare that I have not suffered from any serious health problems, communicable disease and/or mental disorder.

Signature

x

Name: \_\_\_\_\_

Date:

**Note:**

*If the person signing this health declaration form has suffered from any serious health problems, communicable disease and/or mental disorder so the Box M11 above cannot be checked, a health examination report issued by a registered medical practitioner is therefore required in supporting the Application.*