



Name of Applicant

Blood Tests v1.4

for use with -

Medical Certificate Revised v3.7
(October 2023)

Blood tests -

Additional form to the Medical Certificate Revised v3.7 (October 2023)

If in the last five years you have lived in, or visited, for a total of three months or more one of the countries listed below you will require blood tests as part of your medical certificate application (medical clearance for an immigration permit). This is a ***mandatory*** requirement.

Angola
Antigua and Barbuda
Bahamas
Barbados
Belize
Benin
Botswana
Burkina Faso
Burma
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Congo, Democratic Republic of the
Congo, Republic of the
Cote d'Ivoire
Djibouti
Dominica
Dominican Republic
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Gabon
Gambia, The
Ghana
Guinea
Guinea-Bissau

Guyana
Haiti
Jamaica
Kenya
Lesotho
Liberia
Malawi
Mali
Mauritius
Moldova
Mozambique
Namibia
Nigeria
Panama
Papua New Guinea
Russia
Rwanda
Saint Lucia
Saint Vincent and the Grenadines
Sao Tome and Principe
Sierra Leone
South Africa
South Sudan
Suriname
Swaziland
Tanzania
Thailand
Togo
Trinidad and Tobago
Uganda
Ukraine
Uruguay
Venezuela
Zambia
Zimbabwe

Blood tests - for use with Medical Certificate Revised v3.7 (October 2023)

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

Blood tests

Blood tests for all applicants 16 years of age and over who require them (see criteria above).

Date

Full name of Doctor/GP

Name and Address of Surgery

Telephone no/Email

Serum Creatinine

☐

Normal

☐

Abnormal

Please give details.

Hepatitis B Surface
Antigen (Hep B aAg)

☐

Negative

☐

Positive (*)

Please give details.

*request hepatitis B antigen,
alpha-fetoprotein and liver function tests.

Hepatitis C Serology

☐

Negative

☐

Positive (*)

Please give details.

*request HCV RNA

HIV

☐

Negative

☐

Positive (*)

Please give details.

*request with Western Blot or
local equivalent for confirming HIV

Treponemal Serology

☐

Normal

☐

Abnormal

Please give details.

Full Blood Count (FBC)

☐
☐

Please give details.

Applicant name as shown in passport:

Family / Last Name

Date of Birth

Given / First Name

*** Please attach results of ALL laboratory tests.**

Summary of findings:

Based on the history, examination, the laboratory tests 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.

☐

No significant or abnormal findings.

☐

Abnormal findings (Not significant)

☐

Significant findings (If YES, please expand/explain. Use a separate sheet or paper if required)