



Vanuatu Contribution Program

Under Citizenship Act [Cap 112] Section 13D

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.