



MRQ Form

Medical Report and Questionnaire



GVERN TA' MALTA



AĠENZJA
KOMUNITÀ
MALTA

**PLEASE REFER TO THE MALTESE CITIZENSHIP BY NATURALISATION
FOR EXCEPTIONAL SERVICES BY DIRECT INVESTMENT HANDBOOK
BEFORE COMPLETING THIS FORM**

This Form is to be completed in English by both the applicant and the licenced medical practitioner. One form for each person (including dependants) is to be completed. Please supply additional details on a separate sheet if necessary.

The medical practitioner must ask for evidence of photographic identification and certify a copy of this document to be herewith attached.

Please note that Community Malta Agency (the Agency) maintains the right to request, at any point in time, the applicant for naturalisation as a citizen of Malta to attend for health checks and any medical tests, which may be deemed necessary, in Malta or as directed.

Part A

A1. Surname or Family Name (as shown in passport)						A2. First or Given Name(s) (as shown in passport)									
A3. Date of birth						A4. Place of birth									
D	D		M	M		Y	Y	Y	Y						
A5. Nationality						A6. Gender									
						<input type="checkbox"/> Male <input type="checkbox"/> Female									
A7. Permanent Residential Address															
A8. Name of your licenced medical practitioner (in full)						A9. Address of your licenced medical practitioner (in full)									



Part B

The questions in this section are to be answered by the applicant, or in the case of a minor dependant by the parent or legal guardian. If any of the questions in this section are answered "Yes" please provide dates and details of the condition(s) in B7.

B1. Have you had or do you presently have any of the following conditions:			
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	AIDS / HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis and other conditions affecting the liver	<input type="checkbox"/> Yes <input type="checkbox"/> No	Depression, Anxiety (or other psychological disorder)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Typhoid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Immune Deficiency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Communicable Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disease Malignancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bladder / Kidney Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood disorders/diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other heart condition (including congenital defects)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Congenital diseases, disorders and abnormalities	<input type="checkbox"/> Yes <input type="checkbox"/> No

B2. Do you currently have any other serious health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	B3. Have you been hospitalized in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No										
B4. Have you visited a doctor in the last three years other than for routine check-ups including for gynaecological purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No											
B5. For female applicants - Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the expected date of delivery <table><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y	Y	Y
D	D		M	M		Y	Y	Y	Y		
B6. Are you dependent upon any drug(s) or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No											
B7. Further information in relation to any questions answered above as "Yes" and/or additional medical information that you consider may be relevant (continue on an attached sheet if necessary)											

Please tick here ☐ if there is more information on Part D or on an attached sheet.

Part C

I declare that:

- I am aware that the medical information contained in this form is complementary to forms R/R1/S/S1/T;
- the information I have provided on this form is correct and up to date;
- I understand that if I give false or misleading information, my application for naturalisation as a citizen of Malta may be refused;
- I agree to the examining physician contacting my medical practitioner to discuss and seek further information about any medical condition(s) that may relate to my health assessment as part of my application;
- I agree to attend for health checks and any medical tests which may be deemed necessary, in Malta or as directed, should I be requested at any point in time
- I am aware that my medical information is required in connection with my application for naturalisation as a citizen of Malta under the Maltese Citizenship by Naturalisation for Exceptional Services by Direct Investment Regulations (S.L. 188.06), and hereby give my consent for the processing of my health data contained in this form, by the Agency as well as by the Public Health Authorities of Malta as required in accordance with the laws of Malta.

Signature of applicant	Date of Signature

If this form has been completed by/on behalf of a dependant below the age of 18 a parent or legal guardian must authorise and sign on their behalf:

Full Name	Relationship to dependant:
Signature	Date of Signature



Part D

The examining physician is required to examine the applicant generally and to answer the following questions. Give dates and details (either in the space provided or on attached sheets) if any of the questions are answered with a "Yes"

D1. Weight (in kg)	D2. Height (in cm)
D3. Skin – Are there any signs of skin disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	D4. Respiratory system – Any sign of abnormalities, including nose and lungs? <input type="checkbox"/> Yes <input type="checkbox"/> No
D5. Cardiovascular system – Any signs of abnormalities, including pulse, blood pressure, heart murmurs? <input type="checkbox"/> Yes <input type="checkbox"/> No	D6. Digestive organs and abdomen – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
D7. Urogenital organs – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No	D8. Nervous system and sense organs – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
D9. Musculoskeletal system – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No	D10. Endocrine system – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
D11. Various – Any other signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No	D12. Contagious disease – Any sign of contagious diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No
D13. Final evaluation (continue on an attached sheet if necessary)	

Please tick here ☐ if there is more information on Part D or on an attached sheet.

Part E

E1. Full name of medical physician	
E2. Medical Registration No.	
E3. Full Address	
E4. Organisation	E5. Position
E6. Telephone Number	E7. Email Address

Declaration by Examining Physician

I declare that:

- I have examined the medical condition of this applicant and have answered all questions in good faith and to the best of my professional knowledge and ability.
- I have attached medical documents presented to me in the course of examining the health condition of the applicant.
- I have verified the identity of the individual whose details appear on this form who presented me with the following government-issued photographic evidence of identity. A photocopy of the said document, as certified by me, is attached herewith.

(Please tick as appropriate):

1. a valid passport	<input type="checkbox"/>
2. a valid national or other government-issued identity card	<input type="checkbox"/>
3. a valid driving licence	<input type="checkbox"/>

Signature	Date of Signature
Official Stamp	

Part F - Data Protection

Community Malta Agency (the Agency) includes its Agents, as defined in the Granting of Citizenship for Exceptional Services Regulations and Agents (Licences) Regulations, and any other third-party representatives that they may engage as approved by the Agency, in any stage of the processing of this application.

For the purposes of Data Protection Act (Cap. 586), the Agency is the data controller for the processing of personal data in respect of this application.

Agents and any other third-party representatives engaged by them are the processors for the Agency.

The Agency hereby declares that all processing of personal data with respect to this application is made in accordance with the Data Protection Act (Cap. 586), the Maltese Citizenship Act (Cap. 188), subsidiary legislation and any other law and regulation to which the Agency may be subject. All personal data is treated with the strictest confidence and all security safeguards will be applied.

Such personal data will be processed for the purpose of the application for naturalisation as a citizen of Malta, before and after the granting of this application. The processing operations may include the following:

- a) verifying the identity of the applicant and/or of his/her family and/or of his/her dependants;
- b) carrying out due diligence checks both before and after the granting of this application, to comply with statutory requirements and obligations in Malta and abroad, in relation to anti-money laundering and also the countering of the financing of terrorism;
- c) disclosing personal data to government bodies and authorities as required by law;
- d) complying with any other legal obligation to which the Agency may be subject.

The Agency will ensure that all rights of the data subject emanating from the Data Protection Act (Cap. 586) will be afforded to individuals concerned in this application, and as stipulated in the Granting of Citizenship for Exceptional Services Regulations and Agents (Licences) Regulations.