



## C-19 DECLARATION

*Made under the Immigration (Transition) (Amendment) Act, 2021 by an applicant under Part 6 of the Immigration (Transition) Act, 2021*

<b>FULL NAME:</b>	
<b>D.O.B.:</b>	
<b>NATIONALITY:</b>	
<b>PASSPORT NO.:</b>	
<b>MAILING ADDRESS:</b>	
<b>E-MAIL ADDRESS:</b>	
<b>TELEPHONE CONTACT:</b>	

In furtherance of an application for a right under Part 6 of the Immigration (Transition) Act, 2021, I, the undersigned, do solemnly and sincerely declare that:

**Select a Box from Part A or B which is applicable:**

**PART A: Please complete if you are vaccinated by a COVID-19 vaccine course currently not approved in the Cayman Islands.**

- I have been vaccinated with a vaccine course which is not an approved vaccine course in the Cayman Islands and proof of my vaccination is attached to this declaration; therefore, I will comply with any directions of the Medical Officer of Health given with regard to vaccination.
- I confirm that any accompanying dependents who are vaccinated with a vaccine course that is not an approved vaccine course in the Cayman Islands, will comply with any directions of the Medical Officer of Health given with regard to vaccination.

**PART B: Please complete if you are currently not vaccinated.**

- I am an unvaccinated person and I do not possess either a medical certificate or an exemption by the Medical Officer of Health; therefore, I will complete an approved vaccine course and provide the Board or the Director of WORC, as applicable, with a vaccination certificate —
- within forty days after my application is granted or renewed; or
  - within forty days after arrival in the Islands, (if I am currently not residing in the Islands); or
  - within such other period of time as is directed by the Medical Officer of Health.
- I confirm that any accompanying dependent(s) who are not vaccinated or possess either a medical certificate or an exemption by the Medical Officer of Health, will comply with any directions of the Medical Officer of Health given with regard to vaccination.

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I acknowledge and understand that, should my application be submitted, any failure to submit proof of a vaccination certificate, a declaration or a medical certificate or an exemption by the Medical Officer of Health, will result in my application not being considered by the Board or the Director of WORC.

Further, I acknowledge and understand that, should I or any of my dependents, fail to be vaccinated in accordance with a declaration or to comply with any directions as are provided by the Medical Officer of Health with regard to vaccination, it will result in the revocation of any certificate granted by the Board or Director of WORC.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_