



Kingdom of Jownland – Office of the Reigning Monarch

Official Residence & Citizenship Application Forms

Form M-1: Medical Certification

Section 1 – Applicant Identification

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Sex: ☐ Male ☐ Female ☐ Other

Nationality: _____

Passport Number: _____

Address: _____

Section 2 – Medical History

Past illnesses: _____

Chronic conditions: _____

Psychiatric history: _____

Allergies: _____

Current medications: _____

Substance use: _____

Section 3 – Physical Examination

Height, Weight, BP, Pulse

Vision, Hearing, Heart, Lungs

Abdomen, Musculoskeletal, Neurological, Skin

Mental Status



Section 4 – Laboratory & Imaging

☐ Blood tests attached

☐ Chest X-ray attached

☐ Other: _____

Section 5 – Examiner's Certification

☐ Fit ☐ Requires follow-up ☐ Not fit

Examiner name & license

Signature & Seal