



I'm not robot



**Open**



Citizenship and Immigration Canada / Citoyenneté et Immigration Canada

PROTECTED WHEN COMPLETED - B

Required for all clients. Must be taken within six months of the medical examination.

### MEDICAL REPORT CLIENT BIODATA AND SUMMARY

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**CLIENT INFORMATION**

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Date of Birth: YYYY-MM-DD \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

**IMMIGRATION DETAILS**

IMM Type: \_\_\_\_\_ UCI: \_\_\_\_\_ Application no.: \_\_\_\_\_

IME no.: \_\_\_\_\_

**IMMIGRATION MEDICAL EXAMINATION GRADING**

A. No significant abnormal history or abnormal findings present.  B. Significant abnormal history and/or significant abnormal findings present.

Comments: \_\_\_\_\_

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**PANEL PHYSICIAN DECLARATION**

Valid identity document (passport/national ID) sighted?  No  Yes

Do you have identity concerns?  No  Yes

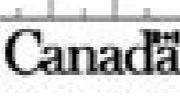
If YES, please provide details: \_\_\_\_\_

I confirm that this immigration medical examination and report is a true and accurate record of my findings.

Panel Physician name: \_\_\_\_\_ Panel Physician signature: \_\_\_\_\_

Panel Physician no.: \_\_\_\_\_ Date of IME submission: YYYY MM DD \_\_\_\_\_

IMM 1017 E (10-2012) GCM






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