

Canadian Immigration Physical Requirements Family Medicine at Lowry

Please read the following before coming to your appointment!

YOU MUST BRING ALL OF THE FOLLOWING TO YOUR PHYSICAL IN ORDER TO BE SEEN:

- 1) Required Forms:
 - a) Your form from the Canadian Department of Immigration. This is either a green form titled Medical Report Section (A) Client Identification and Summary
 - b) Required forms if you are immigrating with a spouse or partner.
- 2) **SIX PASSPORT** size photos (no other photos will be accepted).
- 3) Your passport.
- 4) Glasses or contacts if you wear them.

For Women: You **MAY NOT** be on your period! **Any** blood in the urine will be refused by Canada and you will have to repeat the urine analysis.

If any of the above is forgotten, we will not be able to see you or complete your physical and the cancellation fee outlined below will be charged.

Cancellation Policy:

- \$30.00 Per Appointment if not cancelled within 24 hours of the appointment.
- If you are more than 15 minutes late you may be asked to reschedule and the fee above will be charged.

Address/Directions to our Office:

130 Rampart Way, Suite 150
Denver, Colorado
Phone: 303-344-3625.

Address where XRay's will be taken:

Invision at the Centrum
8200 East Belleview Ave. Suite 124
Greenwood Village, CO 80111
Phone: 303-741-1501

IMMIGRATION REGISTRATION

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (H): _____ (C): _____ (W): _____

Birthdate: _____ Social Security#: _____

Sex: M F

WHAT HAPPENS NEXT?

In order to better serve you while you go through the Immigration Exam process, we would like for you to read the following disclaimer:

*Your documentation will be sent by Federal Express to the place designated by the letter you receive from Australia or to the designated office that is determined per Canadian regulations. You may call our office for the tracking number of your package **TEN WORKING DAYS AFTER YOUR APPOINTMENT**. You may track your package on www.fedex.com.*

Once the documentation leaves our office, we are no longer responsible for said documentation. If there is a problem at that point, you must resolve the issue with the Australian or Canadian Embassy. Should the Embassy need another copy of your documentation, they must call us directly.

Thank you.

Signature of patient or adult guardian of patient



Medical Report: Section B Functional Inquiry, Background Information and Applicant's Declaration

**APPLICANT (or guardian) to answer in the presence of the examining physician.
IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE DETAILS INCLUDING DATES.**

HAVE YOU EVER HAD or NEEDED: Provide details below, continue on reverse if needed.

1. An operation/ HOSPITAL treatment for any reason?	No	Yes	▶				
2. Convulsions, blackouts, loss of consciousness, "fits" or EPILEPSY ?	No	Yes	▶				
3. Anxiety, depression or NERVOUS PROBLEMS requiring treatment?	No	Yes	▶				
4. High blood pressure, any HEART trouble, CHRONIC COUGH , breathlessness or chest pain?	No	Yes	▶				
5. Recurrent or CHRONIC PAIN in the neck, back, or any joint sufficient to interfere with work or normal day-to-day activities?	No	Yes	▶				
6. Problems with DIGESTION , stomach pains, heartburn, blood in stool, chronic diarrhea?	No	Yes	▶				
7. TUBERCULOSIS , a SEXUALLY TRANSMITTED DISEASE , or any other COMMUNICABLE DISEASE lasting more than 3 weeks?	No	Yes	▶				
8. A history of jaundice or HEPATITIS involving you OR anyone in your immediate family?	No	Yes	▶				
9. A history of KIDNEY or bladder disease or complaint?	No	Yes	▶				
10. DIABETES or history of sugar in the urine?	No	Yes	▶				
11. Any OTHER ILLNESS , injury or medical condition lasting more than 3 weeks, or a recurring condition not previously mentioned? Any recent UNINTENTIONAL WEIGHT LOSS ?	No	Yes	▶				
12. Are you taking any pills, MEDICATION or receiving any medical treatment?	No	Yes	▶				
13. Have you ever been ADDICTED to alcohol or a drug, or taken drugs illegally?	No	Yes	▶				
14. Have you ever had a test indicating the presence of the HIV virus or have you ever been told that you were suspected of having AIDS , HIV INFECTION , or any other immune disorder?	No	Yes	▶				
15. Are you eligible for or do you receive a PENSION for MEDICAL/PSYCHOLOGICAL reasons?	No	Yes	▶				
16. AUTISM , MENTAL RETARDATION , DEVELOPMENTAL DELAY or other physical or mental DISABILITIES/IMPAIRMENTS affecting your current or future ability to function independently?	No	Yes	▶				
17. Any medical, psychological, alcohol related, or other TREATMENT in the past 5 years?	No	Yes	▶				
18. Are you PREGNANT ? If so, what is the expected date of delivery:	Date	Day	Month		Year	No	Yes
19. Previously, have you undergone a Canadian Immigration Medical examination for any reason (whether completed or not)? If so, where, when and under what name?	No	Yes	▶				

List all countries (with duration of stay) where you have lived during the last five years:

Last country of permanent/long term residence prior to landing in Canada: Occupations/activities in last 5 years:

Intended length of stay:	Intended occupation/activity in Canada:				
A. <input type="checkbox"/> Permanent/long term	B. <input type="checkbox"/> Temporary for <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px;">Months</td> <td style="width: 20px;">Years</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Months	Years		
Months	Years				

Declaration and Authorization of applicant (or guardian)

I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Department of Citizenship and Immigration any information concerning my health or medical history. I also authorize the Department to release information obtained for the purpose of this immigration medical examination to a public health agency or a physician in Canada, if indicated. I certify that the information I have provided on this form is correct.

Applicant's Signature ▶	Date	Day	Month	Year

