



## Medical Examination Instructions

These medical instructions are being issued as your immigration application has reached the stage where medical examination results are now required. Please read these instructions carefully.

### When to complete your Immigration Medical Examination

You are required to undergo the medical examination within **30 days** of the date of this letter. Failure to do so may result in the refusal of your immigration application.

### Who may complete your Immigration Medical Examination

Your medical examination must be performed by a doctor from the IRCC list of Panel Physicians. The list of Panel Physicians to find a doctor in your area: <http://www.cic.gc.ca/pp-md/pp-list.aspx>

### How to complete your Immigration Medical Examination

Book an appointment with a Panel Physician in your area as soon as possible. If you are unable to complete your medical examination within the 30 day timeframe provided, it is your responsibility to inform the IRCC office responsible for processing your application as soon as possible.

Once your medical examination has been completed the Panel Physician will submit medical results to IRCC for assessment. To obtain a copy of your Immigration Medical Examination please ask the panel physician at the time of your appointment.

### Paying for your Immigration Medical Examination

Any costs related to the medical examination are your responsibility and are payable to the Panel Physician at the time of the examination. This payment is for the Panel Physician's services and cannot be refunded even if your immigration application is refused or the validity period of your immigration medical examination expires.

**Note: If you are eligible** for coverage under the Interim Federal Health Program (IFHP), the costs related to your immigration medical examination will be covered by the IFHP. Please confirm with the Panel Physician in your area that they are registered with the IFHP.

### What must I bring to my appointment?

**IMPORTANT:** If you have a previous or existing medical condition, bring any medical reports, test results or prescriptions that you may have with you to your appointment. This may help reduce the time it takes for your application to be processed.

- The attached Medical Report form (IMM1017E)
- Identification, including your passport if one is available. Proof of identity must include at least one government-issued document with photograph and signature, such as a passport or driver's license.
- Eye glasses or contact lenses, if worn
- Four recent photographs. You will need to bring these only if the doctor you select from the list of panel physicians does not work with IRCC via the eMedical system. Please check with the doctor's office when you book your appointment
- Interim Federal Health Certificate (IMM 5695) or Refugee Protection Claimant Document – for individuals eligible for coverage under the Interim Federal Health Program (IFHP)



# MEDICAL REPORT CLIENT BIODATA AND SUMMARY

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

## CLIENT INFORMATION

Family name Shaik	Given name(s) Zakirah		
Date of Birth YYYY - MM - DD 1968/07/15	Country of Birth India	Gender F	
Address 60-1 MYSTIC HILLS HYDERABAD RANGA REDDY 500018			
E-mail Address SKZAKIRAH@GMAIL.COM		Telephone no. +0918977657846	

## IMMIGRATION DETAILS

IMM Type: Non EDE	IME no: 15129819
UCI: 11-1021-2754	
Application no.: V336913742	

## IMMIGRATION MEDICAL EXAMINATION GRADING

<input type="checkbox"/> A. No significant abnormal history or abnormal findings present.	<input type="checkbox"/> B. Significant abnormal history and/or significant abnormal findings present.
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Comments:

## PANEL PHYSICIAN DECLARATION

Valid identity document (passport/national ID) sighted?		Do you have identity concerns?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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	