

MEDICAL EXAMINATION FOR IMMIGRANT OR REFUGEE APPLICANT

For Use in Canada Only



Photo

Name (Last, First, MI.) _____, _____, _____
Birth Date (mm-dd-yyyy) _____ **Sex:** M F
Birthplace (City/Country) _____ / _____
Present Country of Residence _____ **Prior Country** _____
U.S. Consul (City/Country) _____ / _____
Passport Number _____ **Alien (Case) Number** _____

Date (mm-dd-yyyy) of Medical Exam _____ **Date** (mm-dd-yyyy) of Prior Exam, if any _____

Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) _____

Exam Place (City/Country) _____ / _____ **Panel Physician** _____

Radiology Services _____ **Screening Site** (name) _____

Lab (name for syphilis/TB) _____ / _____ / _____

(1) Classification (check all boxes that apply):

No apparent defect, disease, or disability (see Worksheets 1,2, and 3)

Class A Conditions (From Past Medical History and Physical Examination Worksheets)

- | | |
|--|---|
| <input type="checkbox"/> TB, active, infectious (Class A, from Chest X-Ray Worksheet)
<input type="checkbox"/> Syphilis, untreated
<input type="checkbox"/> Chancroid, untreated
<input type="checkbox"/> Gonorrhea, untreated
<input type="checkbox"/> Granuloma inguinale, untreated
<input type="checkbox"/> Lymphogranuloma venereum, untreated | <input type="checkbox"/> Hansen's disease, lepromatous or multibacillary
<input type="checkbox"/> Addiction or abuse of specific* substance without harmful behavior
<input type="checkbox"/> Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur
<small>*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics</small> |
|--|---|

Class B Conditions (From Past Medical History and Physical Examination Worksheets)

- | | |
|--|--|
| <input type="checkbox"/> TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet)
Treatment: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Completed
<input type="checkbox"/> TB, inactive (Class B2, from Chest X-Ray Worksheet)
Treatment: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Completed
See Section 4 on page 2 for TB treatment details
<input type="checkbox"/> Syphilis (with residual deficit), treated within the last year
<input type="checkbox"/> Other sexually transmitted infections, treated within last year
<input type="checkbox"/> Current pregnancy, number of weeks pregnant _____
<input type="checkbox"/> Other (specify or give details on checked conditions from worksheets) _____

_____ | <input type="checkbox"/> Hansen's disease, prior treatment
<input type="checkbox"/> Hansen's disease, tuberculoid, borderline, or paucibacillary
<input type="checkbox"/> Sustained, full remission of addiction or abuse of specific* substances
<input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur
<small>*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics</small> |
|--|--|

(2) Laboratory Findings (check all boxes that apply):

Syphilis: **Not done**

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Titer 1	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>		
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>		
Treated	If treated, therapy:				Date(s) treatment given (3 doses for penicillin)	
<input type="checkbox"/> Yes	<input type="checkbox"/> Benzathine penicillin, 2.4 MU IM					
<input type="checkbox"/> No	<input type="checkbox"/> Other (therapy, dose):E					

