BRANDON CLINIC MEDICAL CORPORATION
620 DENNIS STREET
BRANDON, MANITOBA, CANADA R7A 5E7
FAX (204) 726-8797
www.brandonclinic.com

Immigration Medical Application Form:

NON-REFUNDABLE – Cost of Booking this appointment is $187.00 + GST = $194.25

Please indicate which type of medical applied for:

___ Permanent Residency ___ Sponsored ___ Express Entry

___ Provincial Nominee ___ Visitor/Student/ Worker

Please fill out the following:

*** If more than one individual in the family, a new form must be filled out for each person***

Full Name as appears on Passport: _____ _____
(First) (Last)

Gender: Male _____ Female_____

Date of Birth: _____

Full Address (street or box #, city, postal code) _____

Telephone Number _____ Cel Phone Number _____

UCI or IME # as issued by CIC _____

Manitoba Health (or Provincial Health) number (6 digit and 9 digit phin number)

6 digit _____ 9 digit _____

Current Valid E-Mail address: _____

I declare that all the information provided in this application is true. I further acknowledge that I have read and understood the cost of booking this appointment is non-refundable and understand that if the appointment is missed I will be charged the $100.00 no-show fee.

Signature of Applicant or Guardian _____

Fax completed form to (if long distance 1-)204-726-8797

You will be contacted by phone once your application is received and registered.