

Immigration Medical Application Form:

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

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.
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.