

# 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>
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**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>
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**(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					

