

IMMIGRATION MEDICAL APPLICATION FORM

NON-REFUNDABLE - deposit of \$50.00 per person required at time of booking appointment.

Adult (11 and up) \$255.00 + GST = \$267.75 | Child (10 & under) \$175.00 + GST = \$183.75
Additional Lab fee may apply- \$60.00

Please indicate which type of medical applying 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: _____
(Month) (Day) (Year)

Full Address: _____
(street or box #) (city/province) (postal code)

Telephone Number: _____ Cell Phone Number: _____

UCI or IME # as issued by CIC: _____

Manitoba Health number (6 digit and 9 digit) or other Provincial Health 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: 204-325-4594 or Email to: immigration@cwwiebemedical.ca

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