



Immigration Medical Registration Form

BRANDON CLINIC MEDICAL CORPORATION

620 DENNIS STREET
BRANDON, MANITOBA, CANADA R7A 5E7
FAX (204) 571-8650
www.brandonclinic.com

NON-REFUNDABLE – Cost of Booking this appointment is \$185.00 + GST = \$194.25

PLEASE INDICATE WHICH TYPE OF MEDICAL APPLIED FOR:

- Permanent Residency Sponsored Express Entry Provincial Nominee

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: _____

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

Telephone Number _____ Cell Phone Number _____

UCI or IME # as issued by CIC _____

Passport # _____ Issue Date: _____ Expiry Date: _____

Visitor Student Worker

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-) **204-571-8650**

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