



**Brandon Clinic**  
Medical Corporation

## Immigration Medical Registration Form

620 Dennis Street  
Brandon, Manitoba  
Canada R7A 5E7  
Ph: 204-728-4440 Fx: 204-571-8679  
[www.brandonclinic.com](http://www.brandonclinic.com)

**NON-REFUNDABLE** – Cost of Booking this appointment is \$210.00 + GST = \$220.50

**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.