



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

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

PLEASE INDICATE WHICH TYPE OF MEDICAL APPLIED FOR:

☐ Permanent Residency ☐ Sponsored ☐ Upfront Medical

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: _____
(Given Name) (Last Name)

Gender: ☐ Male ☐ Female

Date of Birth: _____

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

Telephone Number _____ Cell Phone Number _____

IME # as issued by CIC _____

Passport # _____ Issue Date: _____ Expiry Date: _____

☐ Visitor ☐ Student ☐ Worker Passport Country: _____

Manitoba Health (or Provincial Health) number (6 digit and 9 digit phin number)

6 digit _____ 9 digit _____

Current Valid E-Mail address: _____

Are you a protected person/part of the IFHP program? ☐ Yes ☐ No

If yes: UCI#: _____ Application # _____ *Please attach with this form*

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.
