



**Immigration Medical
Registration Form**

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.