



MEDICAL REPORT  
CLIENT BIODATA AND SUMMARY

Required for all clients.  
Must be taken within six  
months of the medical  
examination.

CLIENT INFORMATION			
Family name		Given name(s)	
Date of Birth	YYYY - MM - DD	Country of Birth	Gender
Address			
E-mail Address		Telephone no.	
IMMIGRATION DETAILS			
IMM Type:		IME no:	
UCI:			
Application no.			
IMMIGRATION MEDICAL EXAMINATION GRADING			
<input type="checkbox"/> A. No significant abnormal history or abnormal findings present.		<input type="checkbox"/> B. Significant abnormal history and/or significant abnormal findings present.	
Comments:			
PANEL PHYSICIAN DECLARATION			
Valid identity document (passport/national ID) sighted?		Do you have identity concerns?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		If YES, please provide details:	
I confirm that this immigration medical examination and report is a true and accurate record of my findings.			
Panel Physician name		Panel Physician signature	
Panel Physician no.		Date of IME submission	
		YYYY MM DD	