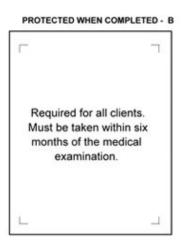


MEDICAL REPORT CLIENT BIODATA AND SUMMARY



| LIENT INFORMATION | | | |
|---|---|---------------------------------|--|
| Family name | Given name(s) | Given name(s) | |
| Date of Birth YYYY - MM - DD | Country of Birth | Gender | |
| Address | | | |
| E-mail Address | Telephone no. | | |
| IMM Type: UCI: Application no. | IME no: | | |
| MIGRATION MEDICAL EXAMINATION GRADING | | | |
| A. No significant abnormal history or abnormal findings present. Comments: | B. Significant abnormal historial findings present. | ory and/or significant abnormal | |
| ANEL PHYSICIAN DECLARATION | | | |
| Valid identity document (passport/national ID) sighted? | Do you have identity concerns? No Yes If YES, please provide details: | No Yes | |
| No Yes | | | |
| I confirm that this immigration medical examination and re | port is a true and accurate record of my findings. | | |
| Panel Physician name | Panel Physician signature | Panel Physician signature | |
| Panel Physician no. | Date of IME submis | sion YYYY MM DD | |
| | | - T | |