Print a copy of this form for each immigrant visa applicant, including children. Complete Section I and bring the form(s) to your medical examination along with the other items listed on page 2 under “Medical Exam Instructions.”

SECTION I: APPLICANT TO COMPLETE THIS SECTION

My passport, on which my photograph is attached, contains the following information:

Full name: _____________________________________________    Nationality: __________________________

Passport No.: ___________________________________________    Place of Issue: _______________________

Date of Issue: ___________________________________________    Date of Expiry: _______________________

SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

*Attach 1 photo of applicant here:

PHOTO

I am satisfied that the person being examined is the bearer of the passport described above.

Signature of examining panel physician: _______________________________   Date: ______________________

Signature of X-ray supervisor: _______________________________   Date: ______________________

Signature of laboratory technician: _______________________________   Date: ______________________