

22.		“X” the appropriate box																			
a) Within the past two years, have you or a family member had tuberculosis of the lung or been in close contact with a person with tuberculosis of the lung?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
b) Do you or an accompanying family member have any physical or mental disorder for which that person will require social and/or health services, other than medication, during the stay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
<u>Have you or any member of your family ever:</u>																					
c) Committed, been arrested or charged with any criminal offence in any country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
d) Been refused admission to, or ordered to leave Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
e) Applied for any Canadian Immigration visas (e.g. Permanent Resident, Student, Worker, Temporary Resident (visitor), Temporary Resident Permit)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
f) Been refused a visa to travel to Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
g) In periods of either peace or war, have you ever been involved in the commission of a war crime or crime against humanity such as: willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war; or deportation of civilians? <i>If you answer “yes” to any of the questions c) to g) above, you must provide details in the box below marked “Related information”</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																			
Related information:																					
23. Have you ever traveled outside your country of residence? If yes, please list the countries you have visited.		<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
24. During the past five years have you or any family members accompanying you lived in any country other than your country of citizenship or permanent residence for more than six months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Name	Country	Length of stay																			
		From	DMY	To	DMY																
25. I declare that I have answered all questions in this application fully and truthfully.		_____		Date																	
		Signature of applicant		D	M																Y

*This document will not be accepted unless it is signed and dated by the applicant.
 Ce formulaire est également disponible en français.
 Эта анкета также есть и на русском языке.*

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* to determine if you may be admitted to Canada as a temporary resident. It will be stored in Personal Information Bank CIC PPU 051, Foreign Temporary Resident Records and Case File. It is protected and accessible under the *Privacy Act* and the *Access to Information Act*.