



Citizenship and
Immigration Canada

Citoyenneté et
Immigration Canada

IR 3

Medical

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Updates to chapter

Listing by date:

Date: 2007-04-20

Minor modifications were done in Appendix A, "Medical Surveillance Handout: Inactive tuberculosis". The contact telephone number for Saskatchewan has been changed.

Minor modifications were done in Appendix B, "Medical Surveillance Handout: Syphilis". The contact telephone number for Nunavut has been changed

2007-01-24

Amended Appendices A and B: Medical Surveillance Handouts for tuberculosis and syphilis with new contact telephone numbers for Manitoba.

2006-11-24

Amended Appendices A and B: Medical Surveillance Handouts for tuberculosis and syphilis with new contact telephone numbers for Saskatchewan.

2005-10-12

Some amendments have been made to IR 3 relating to the Medical Services Branch restructure and to CIC/CBSA shared responsibilities.

Appendices A and B: *Medical Surveillance Handouts for tuberculosis and syphilis* have been amended with a new contact telephone number for New Brunswick.

2004-02-26

The telephone number for the Public health authorities in Canada for tuberculosis in the province of Manitoba has been changed to (204) 787-2384.

2003-08-01

A minor wording change was made to the medical surveillance handouts.

2003-07-24

IR 3 has been updated to incorporate the new medical assessment coding for excessive demand exempt cases, new medical surveillance information handouts, and information on the Interim Federal Health program.

2003-01-09

Section 7 - "Consideration of Medical Validity Extension for In-Canada Cases."

This section has been added to the chapter to permit the extension of medical validity for certain in- Canada cases.

1. **Medical examination requirements for temporary residents (tourists, students and temporary foreign workers)**

(Includes occupational basis for medical examination of temporary foreign workers)

Please refer to:

<http://www.cic.gc.ca/english/visit/medexams.html>

2. **Designated country/territory list**

Please refer to:

<http://www.cic.gc.ca/english/visit/dcl.html>

3. **Medical surveillance/public health contacts**

For instructions on medical surveillance procedures, please refer to Medical Procedures, OP 15, Section 10 and the following Operational Memoranda (OP 02-13, IP 02-03, PE 02-11):

<http://cicintranet/CICExplore/1976archive/english/guides/om-nso/2002/op/op02-13.htm>

The medical surveillance handouts referred to in the above OMs have been updated and are attached as Appendix A (Inactive tuberculosis) and Appendix B (Syphilis).

Medical surveillance inquiries should be directed to:

Medical Surveillance Unit
Medical Services Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, Ontario
K1A 1L1
Fax: (613) 952-3891
E-mail: Nat-Med-Surveillance@cic.gc.ca

4. **Interim Federal Health (IFH) Program**

This section provides information on the IFH program and replaces Operational Memorandum IP 98-16 (REVISED December 1999).

4.1. **Background**

The purpose of the Interim Federal Health (IFH) program is to give effect to a 1957 Order-in-Council that authorizes the Federal Government to pay for in-Canada health care for certain migrants who are unable to pay for expenses related to urgent and essential services. Coverage is provided pending their qualification for other means of payment. At this time, this applies principally to refugee protection claimants, individuals in the Pre-Removal Risk Assessment (PRRA) process, CIC detainees and protected persons including Convention Refugees and members of the Humanitarian-protected Persons Abroad Classes.

Until April 1, 1995, Health Canada was responsible for the administration of these funds through the Non-Insured Health Benefit Program. On that day, the mandate was transferred to Citizenship

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and Immigration Canada to be administered through the IFH program, which continues to provide this humanitarian service. IFH has a transitional role only and is not designed to offer the same comprehensive medical coverage as provincial health insurance.

4.2. Eligibility for the IFH Program

The following clients will be eligible for the IFH program if they are unable to pay for their health care services and if they are not covered by a private or public health care plan. The determination of the “unable to pay” status is left to either the port-of-entry officer or to the immigration officer’s discretion, depending on the circumstances.

1) Refugee protection claimant and their in-Canada dependent children, other than one who:

- is not eligible to have a claim determined by the Refugee Division;
- has abandoned or withdrawn their claim to refugee status; or
- was determined, under the Act as it read immediately before February 1, 1993, to have no credible basis for a claim to refugee status.

2) Applicants for a pre-removal risk assessment (PRRA) upon application and during the in-Canada process.

3) A refugee protection claimant who has received a negative decision from the Refugee Protection Division (RPD) of the Immigration Refugee Board (IRB) while legally in Canada unless the person is granted the right to apply for landing;

4) Protected person (determined in Canada – CR8) and his/her in-Canada dependent children (DR1s) for the duration of the qualifying waiting period imposed by the health care plan of their province of residence (maximum three (3) months after determination).

5) Repeat immigration medicals requested under IRPA for protected persons are covered under IFH. CR8s who no longer have IFH eligibility should be issued an IMM 1017E with the code OPM machine-written in the “category of applicant” box.

6) All refugees and persons in similar circumstances selected abroad:

- Convention Refugees Abroad Class (CR1,CR4, CR5, CRS, CRG, CRC)
- Source Country Class (RS1, RSS, RSG, RSC,RS4, RS5)
- Country of Asylum Class (RAS, RAG,RAC, RA4, RA5)

IFH is provided to all members of the above classes during the period covered by the **Resettlement Assistance Program (RAP)** or the period covered by a private sponsorship. Once access to provincial health insurance (90 days wait maximum) is gained, the individual will only be eligible for limited coverage under IFH (Appendices C/D) for the duration of the RAP or for the duration of the private sponsorship as applicable.

Note: Privately sponsored and government-assisted Convention Refugees or members of the Humanitarian-protected Persons Abroad Classes are not eligible for provincial and municipal social assistance during their sponsorship period. Although they benefit from provincial health care plans, their prescription medications, dental care and other such medical needs are not covered by the provinces during this time period. Consequently, the IFH Program extends partial health coverage.

7) Individual detained by the Canada Border Services Agency.

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4.3. **Determining eligibility to the IFH Program (comment: pending the outcome of a recent Refugee Branch initiative to have IFH given to individuals before full examination at first contact with CIC)**

To determine whether a refugee claimant qualifies for IFH, the port-of-entry or immigration officer will ascertain the status of the claim, ask the claimant whether he/she is in a position to pay for health care or is eligible for private or public health insurance. If the claimant indicates a need for coverage and the port-of-entry or immigration officer is otherwise satisfied that the applicant qualifies, eligibility will be given without further investigation. Individuals in the other eligible immigration categories will also need to demonstrate a lack of funds as above.

4.4. **Benefits**

The benefits of IFH are limited to:

- essential health services for the treatment and prevention of serious medical/dental conditions (including immunizations and other vital preventative medical care);
- essential prescription medications, and non prescription life saving medications;
- contraception, prenatal and obstetrical care; and
- the Immigration Medical Examination for individuals who are unable to pay for it.

4.5. **Forms**

The following two paragraphs will be printed on forms giving access to IFH and will advise the clients as to when benefits will no longer be available to them:

The above-mentioned person is eligible for benefits under the Interim Federal Health (IFH) program as described on the attached list. Eligibility will continue until... (day/month/year)...but may be revoked before, should the holder qualify for private or public health insurance or otherwise ceases to be eligible.

I, the undersigned, declare that I require assistance for medical care and that should my circumstance change or should I qualify for any other form of medical coverage, I will no longer seek to obtain benefits under the IFH program.

The forms related to this program are:

- the "**Interim Federal Health Certificate**" which is FOSS-generated and is printed on IMM 1442B, FOSS Full Document. It contains basic identification and the paragraphs noted above. It bears the client's photograph, and signature.
- the "**Refugee Protection Claimant Document**" which is FOSS-generated and is printed on IMM 1442B. It provides an option to add the two paragraphs that confirm the client's eligibility for, and access to, IFH.

(The above forms will confer IFH eligibility, usually for twelve (12) months or for an adjusted period as determined by the immigration officer.)

Eligible clients **are** entitled to the services listed on Appendices C/D.

Offices will issue these appendices as necessary for distribution to eligible clients.

Please note that these appendices have been updated and must replace previous versions effective immediately.

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4.6. Process

It is the intent of the program to limit the number of times a client should communicate with a port-of-entry or immigration officer with regard to coverage under IFH. To this end, the document giving access to coverage will be issued to the eligible client on the first contact with port-of-entry or immigration authorities **or as soon as possible after**. The procedures below have been written according to the client's status in Canada.

IFH eligible groups

A) To be issued the "**Refugee Protection Claimant Document**" or the "**Interim Federal Health Certificate**":

Refugee claimants – Claim on or after April 1, 1995

- Inland procedures

A person who submits the appropriate information to an inland office is issued, as applicable, a "**Refugee Protection Claimant Document**" or the "**Interim Federal Health Certificate**" form. The statement "eligible for IFH" will appear in the relevant module in FOSS. Before issuing the document, the officer will determine whether the claimant is eligible for medical coverage under IFH (see heading "Determining eligibility to IFH" above) and if so, will enter "Y" in the "eligible for IFH" field. The relevant paragraphs will then be printed on the document. The expiry date on the IMM 1442B will be one year from the date of issuance or another date as set by the port of entry or immigration officer. This document will be given to the claimant along with a list of benefits (Appendices C/D).

- POE procedures

When a claimant is issued a "**Refugee Protection Claimant Document**" or the "**Interim Federal Health Certificate**" form at the port of entry, the officer will ascertain whether the claimant is eligible for medical coverage under IFH (see "Inland procedures" above). These forms provide an option to add the two paragraphs that confirm the client's eligibility for, and access to, IFH (for one (1) year or other period) (attach Appendices C/ D).

B) The following groups will be issued an "**Interim Federal Health Certificate of eligibility**" form to which will be attached the list of benefits that they are entitled to (Appendices C/D). Eligibility will usually be granted for twelve (12) months renewable. The following clients will fall into this group:

1) Convention refugee abroad class, source country class and country of asylum class: including those issued temporary resident permits (In certain provinces, a 90-day waiting period is imposed by the province before applicants can get provincial health insurance. The "eligibility until" date will be 12 months or the anticipated date that payments under the RAP end.)

2) Convention refugees determined in Canada: Convention refugees determined in Canada currently become immediately eligible for provincial health coverage in Ontario, Quebec, Newfoundland, Yukon and the Prairie provinces. In British Columbia, the Northwest Territories, New Brunswick, Prince Edward Island and Nova Scotia, Convention refugees will be covered by provincial health care plans no later than three (3) months after CR determination. Pending medical coverage under a provincial plan, CR8s will continue to use the "**Refugee Protection Claimant Document**" bearing the eligibility paragraphs or an "IFH certificate" for renewal (attach Appendices C/D).

Note: Convention refugees determined in Canada and their in-Canada dependent children who have provincial health insurance are not eligible for any IFH benefits.

3) **Baby born in Canada to a Convention refugee or refugee claimant:** In the case of a baby born in Canada to an IFH program eligible mother, an IFH certificate will be issued upon presentation of the hospital birth declaration or birth certificate. (This does not apply to Ontario or

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British Columbia or Quebec – refer to the section "Eligibility for IFH.") These dependent children are entitled to the same benefits as the mother (attach appendices C/D).

4) **Refused refugee claimants awaiting removal or protected persons under the new PRRA regulation (suggest a shorter IFH eligibility period such as 6 months):** These persons will be given an Interim Federal Health Certificate bearing the client's photograph which will be valid for twelve (12) months or less (attach Appendices C/D).

5) **Extensions:** Some individuals will need an extension of their eligibility to the program because their claim/permanent residence application is still being processed. Provided that the applicant is eligible (refer to "determination of eligibility" above) an extension may be granted for the estimated period of time that it will take to finalize the case but not for more than twelve (12) months at a time. Issue an IFH certificate of eligibility (attach Appendices C/D).

Note: To avoid gaps in medical coverage, backdate the eligibility to the day after the last day of eligibility of the previous IFH period.

C) Persons detained by Citizenship and Immigration: No forms are issued to these individuals. Entitlement is determined on a case by a case basis and is addressed accordingly.

4.7. Billing Information

Medical bills will be forwarded for payment by the health care provider only to:

FAS Benefit Administrators Ltd.
9707 – 110 Street, 9th Floor
Edmonton, Alberta
T5K 3T4

Medical bills received at Canada immigration centres or at ports of entry should be returned to sender with a note advising of the above address.

Claims submitted by clients will not be honoured.

5. Designated medical practitioners worldwide

Please refer to:

<http://www.cic.gc.ca/english/contacts/medical.html>

6. Correspondence with Medical Services Branch

6.1. Correspondence unrelated to medical examinations

All correspondence concerning matters of policy or procedure will be addressed to:

Director General
Medical Services Branch
Citizenship and Immigration Canada
Canadian Building
219 Laurier Avenue West, 3rd Floor
Ottawa, Ontario
K1A 1L1
Fax #: (613) 954-8653

6.2. Correspondence related to medical examinations

All correspondence relating to medical examinations, diagnoses or medical assessments in individual cases in Canada will be addressed to:

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Director, Operations
Medical Services Branch
Citizenship and Immigration Canada
Canadian Building
219 Laurier Avenue West, 3rd Floor
Ottawa, Ontario
K1A 1L1
Fax #: (613) 941-2179

6.3. Correspondence on medical surveillance issues should be addressed specifically to:

Medical Surveillance Unit
Medical Services Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, Ontario
K1A 1L1
Fax: (613) 952-3891
E-mail: Nat-Med-Surveillance@cic.gc.ca

7. Consideration of medical validity extension for in-Canada cases

Medical validity (the period over which the immigration medical examination is valid) is now twelve months from the date of the immigration medical examination. Concerns have been expressed about expired medical validity for in-Canada applicants. Consequently, a procedure has been developed whereby Medical Services Branch officers will give consideration to extending medical validity for certain in-Canada cases.

The medical validity extension procedure is:

- Where an officer realizes that an applicant's medical validity has expired, the officer should refer the case to Medical Services Branch (MSB) at the following e-mail address: medical.extension@cic.gc.ca
-

Note: Please refer only those cases in which the immigration medical examination has been conducted less than 24 months (2 years) from the date of the request for extension. All other cases will automatically require a new medical examination.

- The medical case will be reviewed by MSB and a decision regarding medical validity extension or the requirement for a new medical examination will be provided to the requesting officer within ten (10) working days. If a medical validity extension is granted, it will generally be for a period of twelve (12) months from the date of the request for extension.
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8. Amendment of medical assessment coding for excessive demand exempt (EDE) applicants

8.1. Background

Since the IRPA proclamation on June 28, 2002, excessive demand exempt (EDE) applicants have been given the medical coding of M7, together with D8. The linked M7, D8 medical coding has been problematic for several reasons. In order to correct this problem, a new system of medical profiling follows. **Therefore, as of June 20, 2003, the M7, D8 medical coding will be replaced by a double digit M coding for EDE applicants.**

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8.2. Medical coding and its amendments

For CAIPS, FOSS, and IMS users:

- the three admissible EDE categories will be coded as M19, M29 or M39;
- an M56 code has been added (not related to EDE but provides for the possibility of medical inadmissibility on public safety and excessive demand grounds);
- medical code H, T, D, and E will automatically default to “1”;
- an automatic validity date for EDE cases coded M19, M29, or M39 will occur on the primary screen in CAIPS for all admissible cases; and
- where EDE cases are coded M29 or M39, a field to enter the associated International Classification of Diseases (ICD) code is available.

For IMS users only:

- two standard medical narratives to IMS have been added:
 - ◆ “This applicant has been assessed as an excessive demand exempt applicant. Any change in immigration category requires a repeat medical examination.”
 - ◆ “This applicant has _____ which may require significant health and/or social services if the applicant were granted entry to Canada. This person has been assessed as an excessive demand exempt applicant. Any change of immigration category requires a repeat medical examination.”

For CAIPS users only:

Added in CAIPS is a message for visa/immigration staff to read the medical narrative for cases identified by an M2, M29, M3 and M39. This will help staff identify important medical information concerning possible medical surveillance and health/social services requirements.

For CAIPS and CPC system users only:

For EDE applicants, the IMM 1017E, printed by CAIPS and at CPC, will now be printed the “EDE/ EFE”. This will ease in recognition for the medical practitioner.

8.3. Medically admissible cases

- Medical code H, T, D, and E will automatically default to “1”. Only the M and S medical codes will require input.
- For admissible EDE applicants, the M coding will always include 99Is this the intended meaning?
the number “9”.
- Non-EDE applicants who are assessed as having no identified health condition will still be coded **M1**.
- EDE applicants who are assessed as having no identified health condition will be coded **M19**.

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- Non-EDE applicants who require medical surveillance and who have no other identified health condition will still be coded **M2**, with the appropriate medical surveillance S code.
- EDE applicants who require medical surveillance and who have no other identified health condition will be coded **M29**, with the appropriate medical surveillance S code.
- Non-EDE applicants who require medical surveillance and who are identified with another health condition(s) not considered likely to create excessive demand on in-Canada health or social services will still be coded **M23**, with the appropriate medical surveillance S code.
- Non-EDE applicants with identified health condition(s) not considered likely to create excessive demand on in-Canada health or social services will still be coded **M3**.
- EDE applicants with identified health condition(s) that will require health or social services in Canada will be coded **M39**, unless medical surveillance is also required; Under this circumstance, a **M29** will be used.

Note: The **M39** coding may apply to applicants who have a health condition that is likely to require very significant health or social services in Canada. Visa/ immigration officers must discuss such cases with Medical Services Branch when an applicant is re-categorized to a non-EDE immigration category.

MEDICALLY ADMISSIBLE CASES				
'S' code Public health risk	'M' code			Current or changed
	number	number		
1	1		Non-EDE	Current
1	1	9	EDE	Changed
2.02 2.04	2		Non-EDE	Current
2.02 2.04	2	9	EDE	Changed
2.02 2.04	2	3	Non-EDE	Current
1	3		Non-EDE	Current
1	3	9	EDE	Changed

8.4. Medically inadmissible cases

- Medical code H, T, D, and E will automatically default to "1".
- EDE cases, if assessed medically inadmissible (danger to public health and/or danger to public safety), will be coded the same as non-EDE cases.
- It is not possible to have more than two numbers in the M coding. However, it is possible (though extremely rare) for a non-EDE applicant to be deemed medically inadmissible on three grounds: danger to public health (M4), danger to public safety (M6), and excessive demand (M5). In such circumstances, the medical assessment code would be M46, with the excessive demand (M5) information included in the medical narrative.

MEDICALLY INADMISSIBLE CASES				
'S' code Public health risk	'M' code			Current or changed
	number	number		

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2.01	4		Non-EDE or EDE	Current
2.01	4	5	Non-EDE	Current
2.01	4	6	Non-EDE or EDE	Current
1	5		Non-EDE	Current
1	5	6	Non-EDE	Changed
1	6		Non-EDE or EDE	Current

9. Medical assessment coding

CRITERIA H, D, T and E	CRITERION "S"	M STATEMENT1 (Non excessive demand exempt applicants)	M STATEMENT2,3 (Excessive demand exempt applicants)
H1, D1, T1, E1 Default coding	S1 No surveillance required.	M1 No health condition identified sufficient to prevent admission for medical reasons under A38(1).	M19 EDE applicant with no identified health condition.
	S2 Medical surveillance required. Conditional entry recommended if granted entry to Canada. 2.02 Medical surveillance for inactive tuberculosis. 2.04 Medical surveillance for treated positive syphilis serology.	M2 Has a condition for which the degree of risk to public health is not sufficient to exclude admission under A38(1)(a).	M29 EDE applicant who has a condition for which the degree of risk to public health is not sufficient to exclude admission under A38(1)(a).
		M3 Has a condition for which the potential demand on health or social services is not sufficient to exclude admission under A38(1)(c).	M39 EDE applicant who has identified health condition(s) which will require health or social services in Canada.
		M23 Has a condition for which the degree of risk to public health is not sufficient to exclude admission under A38(1)(a), AND has a condition for which the potential demand on health or social services is not sufficient to exclude admission under A38(1)(c).	
		M4 Has a condition that is likely to be a danger to public health to such	

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		an extent that the applicant is inadmissible under A38(1)(a).	
		M5 Has a condition that might reasonably be expected to cause excessive demand on health or social services to such an extent that the applicant is inadmissible under A38(1)(c).	
		M6 Has a condition that is likely to represent a danger to public safety to such an extent that the applicant is inadmissible under A38(1)(b).	
		M45 Has a condition that is likely to represent a danger to public health to such an extent that the applicant is inadmissible under A38(1)(a), AND has a condition that might reasonably be expected to cause excessive demand on health or social services to such an extent that the applicant is inadmissible under A38(1)(c).	
		M46 Has a condition that is likely to represent a danger to public health to such an extent that the applicant is inadmissible under A38(1)(a), AND has a condition that is likely to represent a danger to public safety to such an extent that the applicant is inadmissible under A38(1)(b).	
		M56 Has a condition that might reasonably be expected to cause excessive demand on health or social services to such an extent that	

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		the applicant is inadmissible under A38(1)(c), AND has a condition that is likely to represent a danger to public safety to such an extent that the applicant is inadmissible under A38(1)(b).	
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Notes:

- 1) It is not possible to have more than two numbers in the M coding. However, it is possible (though extremely rare) for a non-EDE applicant to be deemed medically inadmissible on three grounds: danger to public health (M4), danger to public safety (M6), and excessive demand (M5). In such circumstances, the medical assessment code would be M46, with the excessive demand (M5) information included in the medical narrative.
- 2) EDE applicants who require medical surveillance and who are identified with another health condition(s) that will likely require health and social services in Canada, will be coded M29, with the appropriate S code. Hence, it is **imperative** that visa/immigration officers read the medical narratives of EDE cases coded M29, since they may contain important details about the identified medical condition(s).
- 3) EDE applicants, if assessed medically inadmissible (danger to public health and/or danger to public safety), are coded the same as non-EDE cases.

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Appendix A Medical surveillance handout: Inactive tuberculosis

Your immigration medical examination for entry to Canada has shown that you have **inactive tuberculosis (TB)**.

It is important to prevent your inactive TB from becoming active by undergoing early public health follow-up in Canada. TB is a disease of public health concern because persons with active TB can transmit this disease to other people through coughing or sneezing.

To maintain your own health, and to protect your family members and people in Canada, you must telephone a public health authority in your province/territory of residence, unless you are living in Quebec.* You are required to telephone the public health authority within thirty (30) days of entering Canada, or if you are already living in Canada, within thirty (30) days of receiving this handout. Please see below for public health authority telephone numbers and instructions if your province of residence is Quebec.*

If you do not speak English or French, you may wish to ask someone to help you make this telephone call.

When you telephone the public health authority, they will ask you for information on your "Medical Surveillance Undertaking" form (IMM 0535B) which you should have available at the time you make the telephone call.

You will be instructed where and when you must attend for your follow-up appointment. **Please take your IMM 0535B form and this handout with you at that time.**

If you change your address or telephone number before the public health follow-up is completed, you are required to provide updated information to the public health authority in your area.

Public health authorities in Canada for tuberculosis:

Ontario	Tel: 1-888-608-6880
British Columbia	Tel: (604) 660-6108
Nova Scotia	Tel: (902) 481-5888
Alberta	Tel: (780) 422-2444
Nunavut	Tel: (867) 975-5700
Manitoba	Tel: (204) 945-4816
Prince Edward Island	Tel: (902) 368-4996
New Brunswick	Tel: (506) 453-2323
Saskatchewan	Tel: (306) 933-6347
Newfoundland	Tel: (709) 729-3430
Yukon Territory	Tel: (867) 667-8323
Northwest Territories	Tel: (867) 920-8646

***Quebec:** The Public Health Department will contact you by mail with information on medical follow up. There is no need to telephone the Public Health Department unless there is a change in address or if, after one month, you have not heard anything from them. If you do have a change of address or you have not heard from the Health Department after one month, telephone (514) 528-2400 ext. 3881.

Tuberculosis (TB) information

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During your medical examination for entry to Canada, the doctors found that you have inactive tuberculosis (TB). This means that you have been exposed to TB bacteria and that your body defences have contained the infection or that you may have received treatment for TB in the past.

TB is a disease caused by bacteria and it can be easily treated. TB is spread from people who have the active form of the disease to others who share the same house or small working space. You may not know or have forgotten when you got TB because the kind of TB you have does not make you feel sick. You feel fine now because the TB bacteria are inactive.

While you do not have active TB now, you may be in danger of getting it at some time in your life. To make sure that this does not happen, you need to see doctors or nurses who know a lot about TB so that they can tell you whether there is anything else you need to do to stay healthy.

To begin this process, you must contact a public health authority in the province/territory where you live. Please refer to the information in this handout for instructions.

Thank you for your cooperation.

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Appendix B Medical surveillance handout: Syphilis

Your immigration medical examination has shown that you have evidence of previous syphilis infection that has been treated prior to entering Canada.

Syphilis is a disease of public health concern because persons with active syphilis can transmit this disease to other people.

To maintain your own health, and to protect your family members and people in Canada, you must telephone a public health authority in your province/territory of residence, unless you are living in Quebec.* You are required to telephone the public health authority within thirty (30) days of entering Canada, or if you are already living in Canada, within thirty (30) days of receiving this handout. Please see below for public health authority telephone numbers and instructions if your province of residence is Quebec.*

If you do not speak English or French, you may wish to ask someone to help you make this telephone call.

When you telephone the public health authority, they will ask you for information on your "Medical Surveillance Undertaking" form (IMM 0535B) which you should have available at the time you make the telephone call.

You will be instructed where and when you must attend for your follow-up appointment. **Please take your IMM 0535B and this handout with you at that time.**

If you change your address or telephone number before the public health follow-up is completed, you are required to provide updated information to the public health authority in your area.

Public health authorities in Canada for syphilis:

Ontario	Tel: 1-888-608-6880
British Columbia	Tel: (604) 660-6161
Nova Scotia	Tel: (902) 481-5888
Alberta	Tel: (780) 427-2830
Nunavut	Tel: (867) 975-5775
Manitoba	Tel: (204) 788-6736
Prince Edward Island	Tel: (902) 368-4996
New Brunswick	Tel: (506) 453-2323
Saskatchewan	Tel: 1-877-800-0002
Newfoundland	Tel: (709) 729-3430
Yukon Territory	Tel: (867) 667-8323
Northwest Territories	Tel: (867) 920-8646

***Quebec:** The Public Health Department will contact you by mail with information on medical follow up. There is no need to telephone the Public Health Department unless there is a change in address or if, after one month, you have not heard anything from them. If you have a change of address or you have not heard from the Health Department after one month, telephone (514) 528-2400 ext. 3881.

Syphilis information

Syphilis is a disease spread from one person to another by sexual intercourse. A pregnant woman who has infectious syphilis can pass the infection to her unborn child.

Syphilis occurs in four stages:

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The **1st stage** has painless open sores, usually around the genitals or mouth, which generally appear three weeks after exposure.

The **2nd stage** occurs four to ten weeks later with flu-like symptoms and a rash on the palms of the hands, soles of the feet or entire body.

Both the first and second stages are highly infectious and may go unnoticed. This may last up to one year.

Latent syphilis is a resting state, which is non-infectious. Even without treatment, the symptoms go away but the disease can progress over several years to the last stage.

Tertiary syphilis is the last stage and may result in heart disease, nerve and brain damage, or death.

While you do not have serious syphilis now, it may get worse at some time in your life. To make sure that this does not happen, you need to see doctors or nurses who know a lot about syphilis so that they can tell you whether there is anything else you need to do to stay healthy.

To begin this process, you must contact a public health authority in the province/territory where you live. Please refer to the information in this handout for instructions.

Thank you for your cooperation.

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Appendix C Interim federal health program (IFH) information for health professionals

(To be shown to health care providers)

Benefits: Medical

Services covered without CIC approval

- Essential health services only for the treatment and prevention of serious medical/dental conditions (see dental regulations).
- Contraception, prenatal and obstetrical care.
- Essential CPS prescription medications (or life supporting over-the-counter drugs such as insulin or nitro). Must be lowest cost alternatives. Only drugs featured on the IFH medication list found at “www.fasadmin.com” are covered without prior approval.
- Professional fees as per applicable provincial health care plan. Fee codes (where applicable) must be supplied. Invoices must be submitted within six months of service.
- The Immigration Medical Examination is performed by an authorized Designated Medical Practitioner – reimbursed only for IFH eligible individuals who cannot afford the costs.

Services covered with CIC approval only

- Complete physical examination/ counselling services by a general practitioner.
- Ambulance/medical transport (unless emergency).
- Diagnostic services (surgical, laboratory, or x-ray) when no significant medical short-term complications are foreseen.
- Certain high cost medications (e.g. Imitrex, Accutane, Interferon and Lamisil).
- Allergy testing/desensitization.
- Plastic surgery for esthetic purposes.
- Elective surgery (e.g. hernia repair, joint replacements).
- High cost procedures (e.g. organ transplantations).
- Office-based psychotherapy by a psychiatrist after the initial consultation.
- Psychotherapy by psychologists/general practitioners.
- Physiotherapy.
- Prosthetic or mechanical devices including hearing devices.

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- Eyewear. Visual acuity tests needed for all patients.

Requests for prior approval must be submitted by mail or fax to:

Director, Program Management and Control,
Medical Services Branch
219 Laurier Ave. West, 3rd floor
Ottawa, Ontario,
K1A 1L1,
FAX: 1-800-362-7456

Services not covered under the IFH Program

- Routine medical/eye exams.
- Infertility investigations and treatment.
- Routine circumcision of the newborn.
- Chiropractic care.
- Alternative/complementary medicine.
- Most over-the-counter medications even when written on a doctor's prescription.

Invoices to be sent by the health care providers only to:

FAS Benefit Administrators Ltd,
9707- 110 Street, 9th floor
Edmonton, Alberta
T5K 3T4 / fax: 780 452 5388 / email : info@fasadmin.com
(NB: if FAS does not already possess patient's eligibility, you must send a copy of the eligibility document. The health provider can check this by telephone at 1-800-770-2998)

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Appendix D Refugee dental care regulations

(To be shown to dentist)

ONLY EMERGENCY DENTAL SERVICES COVERED – (defined as urgent procedures to alleviate pain, active infection, hemorrhage, and/or the results of oral trauma).

A maximum coverage of \$400 exists during the patient's eligibility period. A maximum of two teeth may be treated per visit. Dentists may verify the remaining funds available for a refugee by calling toll free 1-800-770-2998. If the limit has been exceeded, special approval must be obtained prior to the provision of services.

This funding is intended to cover only the following:

- Emergency exams (limit of once per six months per office). Complete oral exams and recall exams are not covered.
- Panoramic radiograph OR eight peri-apical X-rays (but not both) will be allowed during the entire eligibility period. X-rays must be clear, discernible and properly labelled or they will be returned. Bite-wing X-rays are not a covered expense.
- Prior approved permanent fillings are restricted to: 1) non-bonded amalgam on molars and bicuspid 2) bonded composite resin fillings on anterior teeth. Fillings will be paid on a continuous basis only. Routine dental treatment and incipient decay not observable in the X-ray are not covered.
- Scaling and root planing are not covered.
- Uncomplicated extractions (two- teeth maximum per visit). Complex extractions require pre-treatment radiographs and pre- determinations.
- Drug prescriptions (only those needed to treat emergency conditions).
- **Prosthetics covered with prior approval only: transitional partial dentures.** Relining for dentures will be considered only after six months of placement of transitional dentures. All prosthetic requests should be accompanied by a completed « dental predetermination form » and submitted with either eight peri-apical X-rays or a panoramic X-ray.
- All anaesthetic care must be submitted for predetermination. For anaesthetics involving patients under the age of 13 years, four units may be approved. For patients aged 13 and older, up to eight units may be approved.

Exclusions to dental care:

- root canal treatments;
- permanent prosthetics and orthodontics;
- intravenous sedation and nitrous oxide;
- prophylaxis and fluoride treatments;
- facility fees; and

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- specialist fees.

Fees

Payments will be made at 100% of the applicable current general practitioner provincial/territorial dental fee guide (lowest applicable fee). Predetermination requests should be mailed (with X-rays and all relevant fee codes) to FAS Benefit Administrators Ltd.