



IMPORTANT MEDICAL INFORMATION

Date: _____
(YYYY-MM-DD)

Instructions to Panel Physician

- Complete this form
- Give one copy to client
- Send/Return copy to your local public health unit
- Attach document to IME under “Syphilis” section.

UCI: _____

IME number: _____

SUBJECT: Immigration Medical Examination (IME) - Syphilis screening - RESULT

Name of person treated

As part of the requirements for your immigration medical examination, a test for syphilis was done. The result of your test is positive. This means that you have been exposed to a serious communicable infection and it may be possible to transmit it to others. This disease is a medical condition that requires mandatory treatment for your own health and for the protection of public health. In order to move forward with your immigration application, Immigration, Refugees and Citizenship Canada requires a document proving that you have received treatment.

The following is the treatment you have received:

Name of medication	Dosage and route	Date (YYYY-MM-DD)	Clinic/Health Professional
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This treatment was verified by: _____ Stamp of panel physician attesting of treatment Country: _____

Since the Syphilis test may be repeated in the future, please keep this personal information in a safe place and be ready to give it to a health professional.

While you may not have any symptoms, it is important to keep record of this treatment information because once you arrive in Canada, you are strongly recommended to inform your medical practitioner of these findings. They may decide to request further testing to ensure the treatment received, prior to or during your immigration medical examination, was effective.

Syphilis information

To learn more about syphilis we encourage you to consult the following Public Health Agency of Canada (PHAC) website:

On behalf of Immigration, Refugees and Citizenship Canada, we thank you for your collaboration.

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of processing an application. The personal information provided may be shared with provincial and territorial public health agencies in Canada to advise that your medical condition requires further examination, surveillance or treatment, and that you are required to report to these authorities. Select information may be shared with IRCC’s citizenship program, to ensure compliance with S. 32 of IRPR prior to a citizenship application being approved.

The personal information provided may also be used internally for program and reporting purposes, for quality assurance purposes, and to determine an individual’s eligibility for other programs. The information may also be used internally for research and statistical purposes, for program policy and evaluation, and for internal audit.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the Privacy Commissioner of Canada. The collection, use, disclosure and retention of your personal information is further described in IRCC’s Personal Information Bank – [IRCC PPU 052](#)

