

WOODLANDS MEDICAL CLINIC

Immigration Medical Exam Intake Form

To confirm your appointment, please fill in this form and email it to victoriaime@shaw.ca.

Please complete one form per applicant.

First Name:

Last Name:

Gender: M F

Date of Birth:

 Day Month Year

Country of Birth:

UCI Number (if available):

IME Type:

IME Number (if available):

CONTACT INFORMATION

Phone:

Email:

Address:

City:

Postal Code:

Country:

PASSPORT / IDENTIFICATION DOCUMENT DETAILS

Passport / ID Number:

Issuing Country:

Date of Issue:

 Day Month Year

Date of Expiry:

 Day Month Year

Please email the completed form to victoriaime@shaw.ca BEFORE your appointment. Thank you.

Woodlands Medical Clinic
207-2020 Richmond Rd, Victoria BC V8R 6R5
Tel: 250-940-8888
Fax: 1844-9003-4624
victoriaime@shaw.ca