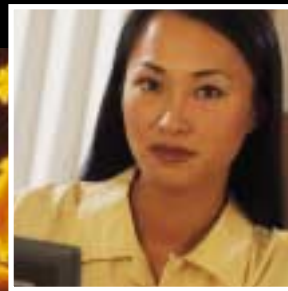




Citizenship and
Immigration Canada

Citoyenneté et
Immigration Canada

Designated Medical Practitioner HANDBOOK



Canada

C&I-065-03-03

DMP HANDBOOK AMENDMENTS

	PAGE #	SECTION	AMENDMENT
1	page 13	<ul style="list-style-type: none"> provide age appropriate laboratory requests as specified in Section D “Laboratory Requisition” of the IMM 5419: ... (4) Serum creatinine if the applicant has hypertension, diabetes, autoimmune disorder, persistent proteinuria, or kidney disorder. 	<p>This should now read:</p> <ul style="list-style-type: none"> provide age appropriate laboratory requests as specified in Section D “Laboratory Requisition” of the IMM 5419: ... (4) Serum creatinine if the applicant has hypertension, diabetes, autoimmune disorder, persistent proteinuria, or kidney disorder. Note: Excessive demand exempt applicants are not required to undergo serum creatinine testing.
2	page 36	<p>Question 1 - OPERATION OR HOSPITAL TREATMENT</p> <p>When the applicant has had an operation or hospital treatment, the details from the applicant should include the date and reason for the admission and/or the operative procedure that was done and pathology reports if available.</p> <p>Note: If the applicant is NOT excessive demand exempt, the discharge summary and any pathology report from admissions for serious illnesses within the last 5 years should be included if available. For all neoplastic disease treated within the past five (5)</p>	<p>This should now read:</p> <p>Question 1 - OPERATION OR HOSPITAL TREATMENT</p> <p>When the applicant has had an operation or hospital treatment, the details from the applicant should include the date and reason for the admission and/or the operative procedure that was done and pathology reports.</p> <p>Note: If the applicant is NOT excessive demand exempt, the discharge summary and any pathology report from admissions for serious illnesses within the</p>

		years, the relevant operative and pathology reports, with a current specialist's report, are always required.	last 5 years should be included. For all neoplastic disease treated within the past five (5) years, the relevant operative and pathology reports, with a current specialist's report, should be included.
3	page 41	An area of frequent concern is breast, vaginal and rectal examinations. Where an applicant declines to undergo such age-appropriate examination(s) by the DMP, referral to a physician, acceptable to the applicant, is necessary to obtain recent reports of such examinations.	This should now read: Where an applicant declines to undergo clinically indicated examination(s) by the DMP, referral to a physician, acceptable to the applicant, is necessary to obtain recent reports of such examination(s).
4	page 43	In Field 5 – CARDIOVASCULAR SYSTEM: Notes: If the applicant is NOT excessive demand exempt and a diagnosis of hypertension is confirmed, a serum creatinine, blood urea nitrogen, and electrocardiogram must be reported. If any of these tests are abnormal, or the hypertension is not controlled, then an appropriate specialist's report is required to assess hypertension plus target-organ damage.	This should now read: Notes: If the applicant is NOT excessive demand exempt and a diagnosis of hypertension is confirmed, a serum creatinine must be reported. If this test is abnormal, or the hypertension is not controlled, then an appropriate specialist's report is required to assess hypertension plus target-organ damage.
5	page 43	In Field 6 - RESPIRATORY SYSTEM: Notes: If the applicant is NOT excessive demand exempt and there is evidence of Chronic Obstructive Pulmonary Disease or restrictive lung disease on examination or by x-ray, a specialist's report is necessary. This may include complete pulmonary function tests, and oxygen saturation at rest and with exertion.	This should now read: In Field 6 - RESPIRATORY SYSTEM: Notes: If the applicant is NOT excessive demand exempt and there is significant evidence of Chronic Obstructive Pulmonary Disease or restrictive lung disease, pulmonary function tests should be reported.

6	page 44	<p>Field 7 - GASTROINTESTINAL SYSTEM</p> <p>... Rectal examination is required for applicants more than 50 years old.</p>	<p>Field 7 - GASTROINTESTINAL SYSTEM</p> <p>... Rectal examination is required for male applicants more than 50 years old.</p>
7	page 44	<p>Field 8 - UROGENITAL SYSTEM</p> <p>Urogenital system examination must include a rectal examination in men over 50 years, and a vaginal examination on women over 35 years old. If they prefer, female applicants may provide written results of a recent Papanicolaou smear and bimanual examination from their own physician or gynecologist.</p>	<p>The paragraph should now read:</p> <p>Field 8 - UROGENITAL SYSTEM</p> <p>Vaginal examination, together with a Papanicolaou smear, should be undertaken if clinically indicated. At the applicant's request, this examination may be undertaken by the applicant's own physician or gynecologist, who should provide a written report.</p>
8	page 48	<p>If the applicant is NOT excessive demand exempt, and the two ELISA screening tests are positive, these results must be confirmed with a test like the Western Blot or, where the Western Blot is not available, by a third ELISA test by a different manufacturer. If the confirmatory test is negative, then the test should be repeated in 3 months. If the confirmatory test is positive, then a CD4 count should be obtained. Positive HIV tests should also prompt testing for hepatitis.</p>	<p>Delete entire paragraph.</p>

Designated Medical Practitioner **H A N D B O O K**



Medical Services Branch
Citizenship and Immigration Canada

2003



Foreword

This handbook serves as a resource guide for Designated Medical Practitioners in carrying out their responsibilities related to Canada's *Immigration and Refugee Protection Act* (IRPA) and Regulations.

Any comments regarding errors, omissions or amendments would be appreciated. Comments should be forwarded to the Medical Officer responsible for your region or to the Director, Health Programs Delivery, Medical Services Branch, Citizenship and Immigration Canada — contact information is provided in Appendix I.



Table of Contents

SECTION 1. Purpose of Handbook	4
SECTION 2. Definitions	5
SECTION 3. DMP Appointment, Training, and Other Administrative Information	7
Requirement for DMPs	7
DMP Qualifications	7
Appointment	7
Orientation/Training	8
Alternative Physicians	8
DMP Absence	9
SECTION 4. Duties of Designated Medical Practitioners	10
SECTION 5. Medical Report Forms	11
SECTION 6. Conducting an Immigration Medical Examination	12
SECTION 7. Fees for the Immigration Medical Examination	15
SECTION 8. Audit	16
SECTION 9. DMP Status	17

APPENDICES

Appendix I: Contact Information	19
Appendix II: IMM 1017 (05-1998)E	21
Appendix III: IMM 1017 (05-1998)E EDE-EFE	22
Appendix IV: IMM 1017 EFC (05-2003) and "Appendix D – Medical Instructions"	23
Appendix V: IMM 5419 (08-1998)E Section B	26
Appendix VI: IMM 5419 (08-1998)E Section C	27
Appendix VII: IMM 5419 (08-1998)E Section D	29
Appendix VIII: IMM 5419 (08-1998)E Section E	30
Appendix IX: Guide to the Completion of the Medical Report Forms for Canadian Immigration	32
Appendix X: Adult's Global Assessment of Functioning Scale (GAF)	51
Appendix XI: Assessment of Activities of Daily Living	53
Appendix XII: The Mini Mental State Examination	54
Appendix XIII: Chart of Early Childhood Development	57
Appendix XIV: Laboratory Diagnosis of Syphilis	60
Appendix XV: HIV Testing	64
Appendix XVI: HIV Pre-Test Counselling	66
Appendix XVII: HIV Post-Test Counselling	68
Appendix XVIII: Acknowledgement of HIV Post-Test Counselling	70



SECTION 1.

Purpose of Handbook

Designated Medical Practitioners (DMPs) play an important role for the Department of Citizenship and Immigration by conducting the immigration medical examination of applicants for permanent and temporary residency in Canada. The DMP Handbook provides DMPs with information on this role, as well as administrative details.

The information contained in this Handbook is intended as a guideline. Updates will be provided as required.

SECTION 2.

Definitions

Applicant — any person who applies to enter or remain in Canada as a permanent resident (including refugees) or as a temporary resident (including tourist, student, or temporary worker).

CIC — Citizenship and Immigration Canada.

Designated Medical Practitioner (DMP) — a physician appointed by CIC to perform immigration medical examinations and report on the health status of potential permanent and temporary residents to Canada.

Director — the Director of Health Programs Delivery, Medical Services Branch, CIC.

Furthered Case — a Medical Officer may determine, upon reviewing the medical documents received from a DMP, that more medical information is required to complete an applicant's medical assessment. Such a case is then said to be "furthered".

Immigration and Refugee Protection Act (IRPA) and Regulations — Canadian legislation regulating the process of immigration including certain immigration health activities and the immigration medical examination.

Locum Tenens — Physician Deputy acting for DMP.

Medical Assessment — a medical determination made by a Medical Officer concluding whether an applicant's health condition is likely to be a danger to public health or public safety or might reasonably be expected to cause excessive demand.

Medical Examination — includes the review of the functional inquiry for present and past history, the findings on physical and mental examination, and the results of relevant radiology, laboratory, and diagnostic tests.

Medical Officer — a physician authorized to provide a medical assessment by the Minister of CIC under the IRPA.

Medical Report — Medical Report forms IMM 1017 and IMM 5419 are used to record the results of the medical examination. Depending on the type of applicant, there are several different versions of IMM 1017 used.

Regional Medical Office — The working location of a CIC Medical Officer. The place to which DMPs should forward Medical Reports/correspondence. Contact information is included as Appendix I.

Visa Officer/Immigration Officer — A person designated as an officer by the Minister of CIC.

SECTION 3.

DMP Appointment, Training, and Other Administrative Information

Requirement for DMPs — The number of DMPs in a particular geographic location is determined based upon the anticipated demand for immigration medical examinations. This demand is determined by Canadian immigration officials in consultation with a Medical Officer.

DMP Qualifications — Physicians who conduct medical examinations for CIC must be “doctors of medicine” in the standard Canadian context. They must be properly registered and in good standing with their medical licensing body.

Appointment — A physician is required to submit his/her medical bona fides, curriculum vitae, a specimen signature and a completed application form in order to be considered for appointment as a DMP. Physicians practising in Canada or the United States should also include a letter of good standing from their licensing body.

While many qualified physicians may apply, appointment will depend upon operational requirements and individual suitability. DMP appointees will be provided with written notice of a decision by a Medical Officer. Potential DMPs may be interviewed via telephone or in person.

DMP appointments are person and location specific and are not transferable without the written permission of a Medical Officer or the Director.

DMP appointments may be of three classes:

- (1) **Probationary appointment** — for a period not in excess of two years. After this probation period, depending on the outcome of a review by a Medical Officer, a DMP may be granted an “established appointment”.
- (2) **Established appointment** — usually for a period of five years. Reappointment will be issued subject to satisfactory performance as outlined in Sections 4 and 6 of this Handbook and continued need for the DMP’s services in the location.

- (3) **Emergency appointment** — a temporary appointment when, due to unforeseen circumstances, a DMP is required either in an area not previously serviced, or where the number of applicants exceeds CIC’s capacity to provide services in a timely fashion. Under such circumstances, a Medical Officer may grant emergency appointment. The physician’s curriculum vitae, documentary evidence of medical licensure, a specimen signature, and a complete application form must be provided as soon as practical. Such an emergency appointment should not normally exceed a period of six (6) months.

Orientation/Training — When practical, DMPs will be given a verbal orientation by a Medical Officer. This Handbook is designed to act as a reference.

It is anticipated that regular contact will be maintained between DMPs and CIC Medical Officers on both medical and administrative issues related to the conduct of immigration medical examinations. Depending upon operational requirements, this may be by way of letter, electronic mail, telephone or personal visit. A Medical Officer will try to meet with DMPs at least biannually. DMPs will also receive documents periodically which explain or announce major developments and amendments.

Alternative Physicians — For operational reasons, some DMPs may require the assistance of other physicians to complete immigration medical examinations.

Such DMPs are required to:

- contact the Regional Medical Office and seek Medical Officer concurrence; and
- submit the other physician’s current curriculum vitae, a copy of the physician’s medical license, a letter of good standing from their licensing body (physicians in Canada or the United States), and a specimen signature.

DMPs must brief alternative physicians on the requirements of the Canadian immigration medical examination and reporting procedures.

Alternative physicians should sign the Medical Report form *“for and on behalf of Dr. _____”*, and stamp with the DMP’s stamp.

DMP Absence — A DMP must provide notification to the CIC Regional Medical Office of any absence from their practice of ten (10) or more working days. The date of return must also be submitted. Should a locum tenens be retained to cover the DMP's absence, then a specimen signature of the locum tenens, a copy of his/her curriculum vitae, and a copy of his/her license to practice must be submitted to, and approved by, the Medical Officer at the Regional Medical Office.

All medical examinations performed by a locum tenens should be signed "*for and on behalf of Dr. _____*". The names of both examining physician (locum tenens) and DMP must be clearly legible on all documents.

A Medical Officer will assess a long-term absence to determine whether or not the DMP appointment shall continue.

SECTION 4.

Duties of Designated Medical Practitioners

Canada's *Immigration and Refugee Protection Act (IRPA)* and associated regulations stipulate that all applicants seeking permanent residence in Canada, and certain applicants applying for temporary residence, require an immigration medical examination. Designated Medical Practitioners play a vital role for CIC by performing this examination.

DMP duties include:

- providing timely appointments for any applicant requesting an immigration medical examination;
- conducting an immigration medical examination, including physical and mental examination and routine tests;
- providing appropriate counselling;
- arranging appropriate consultations/additional tests; and
- completing appropriate CIC Medical Report forms and sending these documents to a CIC Regional Medical Office.

SECTION 5.

Medical Report Forms

CIC's Medical Report forms are the IMM 1017 (Medical Report Section A) and the IMM 5419 (Medical Report Sections B, C, D and E).

CIC's *Immigration and Refugee Protection Act* (IRPA) provides three health grounds for inadmissibility:

- (1) danger to public health,
- (2) danger to public safety, and
- (3) excessive demand on health or social services.

Certain permanent resident applicants are exempt from excessive demand assessment.

CIC has three different types of IMM 1017s, depending on whether or not an applicant is excessive demand exempt:

- **IMM 1017** — used for non-excessive demand exempt applicants — a sample form is included as Appendix II.
- **IMM 1017 EDE-EFE** — used for certain excessive demand exempt applicants — similar in appearance to the IMM 1017, but marked with an EDE-EFE stamp to indicate it is an excessive demand exempt case. See Appendix III for an example.
- **IMM 1017 EFC** — used for certain excessive demand exempt family class applicants — a sample form is included as Appendix IV, together with “Appendix D – Medical Instructions” – these two documents are explained in Appendix IX.

The Medical Report form, IMM 5419 Sections B-E, are included as Appendices V-VIII. A guide to the completion of the Medical Report forms for Canadian immigration is included in Appendix IX.

SECTION 6.

Conducting an Immigration Medical Examination

To conduct an immigration medical examination, the Designated Medical Practitioner will:

- provide a routine appointment for Canadian immigration medical examinations within ten (10) working days of a request by a person who presents with a Medical Report form IMM 1017 or other relevant document as indicated in Appendix IX (Guide to the Completion of the Medical Report forms for Canadian Immigration), or within 24 hours in an emergency situation and when requested by CIC.
- verify that the person examined is the person pictured in Section A “Client Identification” of the Medical Report.
- ensure that the applicant, or parent/guardian, completes and signs Section B, “Functional Inquiry, Background Information and Applicant’s Declaration” of the Medical Report.
- carefully review and provide details on the applicant’s responses to the questions in the functional inquiry Section B of the Medical Report IMM 5419.
- perform a comprehensive physical and mental examination and provide a complete report of this assessment by completing Section C “Examining Doctor’s Findings” of the Medical Report IMM 5419.
- attach the applicant’s photograph to the appropriate spaces of Sections D and E of the Medical Report IMM 5419. Using the official DMP stamp, stamp over the right end of the required signature areas and the top right corner of the photographs of the applicant on the IMM 1017 and IMM 5419. Ensure that the applicant signs the Applicant Declaration in Section D of the IMM 5419.

Note: A DMP stamp bearing a unique identification number will be issued to the DMP. This stamp must be used to authenticate each Medical Report completed by the DMP. This stamp remains the property of the Government of Canada and must be returned should a DMP appointment terminate.

- provide age appropriate laboratory requests as specified in Section D “Laboratory Requisition” of the IMM 5419:
 - (1) Urinalysis (protein, glucose and blood by dipstick — if blood positive then microscopic report required) for applicants five (5) years and over.
 - (2) Serological test for syphilis for applicants fifteen (15) years and over.
 - (3) HIV testing for applicants fifteen (15) years of age and over, as well as on those children who have received blood or blood products, have a known HIV positive mother, are potential adoptees, or with an identified risk. An ELISA HIV screening test should be done for HIV 1 and HIV 2.
 - (4) Serum creatinine if the applicant has hypertension, diabetes, autoimmune disorder, persistent proteinuria, or kidney disorder.
- provide applicants having an HIV test with HIV pre-test counselling. Ensure HIV positive applicants receive post-test counselling and sign the acknowledgement of HIV post-test counselling form. Further information on HIV testing issues is located in Appendix IX — Guide to Completion of the Medical Report Forms for Canadian Immigration.
- have the person collecting the blood, and/or receiving the laboratory specimen(s), sign the signature box in Section D “Laboratory Requisition” of the Medical Report IMM 5419, confirming that the sample was collected from the individual identified on the form.
- provide an adequately labelled, postero-anterior chest x-ray film for applicants eleven (11) years and older and for those under 11 years of age if there is any relevant history or clinical indication.
- have the x-ray technician/radiographer sign the declaration in Section E “Chest X-ray Report” of the Medical Report form, to certify that the x-ray was taken of the person whose photograph and signature are on the form.
- have the radiologist complete the Chest X-ray Interpretation, the Record of Special Findings Noted, and the Certification, at subsections 3, 4, and 5 of Section E “Chest X-ray Report” of the Medical Report form.
- provide sufficient detail in the examination report to substantiate a definitive diagnosis or a requirement for additional investigation.
- complete a summary of abnormalities and provide an opinion as to prognosis in the summary blocks of Section A (IMM 1017) and Section C (IMM 5419) for each applicant based upon the history, mental/physical examination and diagnostic tests.
- collate the completed Medical Report forms with laboratory reports and chest x-ray(s) and then arrange for the direct and timely transmission of these documents, by mail or courier, to the Regional Medical Office. Medical Office contact information is available in Appendix I.

- provide or arrange for the provision of such supplementary reports or diagnostic tests as may be requested by a CIC Medical Officer.
- participate in orientation and update tutorials/workshops provided by a CIC Medical Officer.
- provide medical advice to an applicant with respect to any finding which is unknown to the applicant. In so doing, normal professional and ethical standards will be upheld with respect to referral back to the applicant's usual attending physician or applicable referral to an appropriate specialist, if the applicant so requests.
- personally conduct all clinical activities with respect to the medical examination of the applicant. When further medical reports are requested by a Medical Officer, these reports must be provided by a specialist of the Designated Medical Practitioner's choosing.

Notes: The DMP is not authorized to make an assessment in terms of the admissibility or inadmissibility of the applicant to Canada. A DMP must not make any statement to the applicant which might be construed as implying a favourable or unfavourable immigration assessment outcome. This is the delegated duty of the visa/immigration officer.

The DMP must not allow the completed Medical Report forms (IMM 1017 and IMM 5419) to be reviewed, nor provide copies, to the applicant or his/her agent.

SECTION 7.

Fees for the Immigration Medical Examination

With certain exceptions, applicants are responsible for paying all fees and costs associated with the immigration medical examinations. This includes fees for DMP services, radiological and laboratory examinations. Applicants are also responsible for specialist's consultations, investigations, treatment, and charges to send medical documents to the CIC Regional Medical Office. The methods and costs of sending the medical documentation to the Medical Office should be discussed with the applicant in advance to prevent any misunderstanding. However, it is the DMP who must send the documents.

DMPs should charge reasonable fees based on discussions with the Medical Officer in the relevant Regional Medical Office. The agreed fees would be the maximum the DMP is entitled to charge for the basic medical examination and administrative handling charges.

In the case of certain overseas refugees, fees for the immigration medical examination are initially paid by the Canadian federal government.

In Canada, the Interim Federal Health (IFH) program pays for costs related to the immigration medical examination for refugee claimants. Further details on the IFH program can be found by contacting the Manager, IFH program (see Appendix I — Contact Information).

Note for in-Canada DMPs: An "OPM" designation in the Category of Applicant box of the IMM 1017 indicates that the immigration medical examination is payable by the IFH program.

SECTION 8.

Audit

To maintain the integrity of immigration medical examinations, to improve the flow of communications and to ensure continuous improvement of the process, DMPs will be audited as follows:

Onsite Audit — as part of a Medical Officer’s field visits. This will include completion of a “Self-Assessment” questionnaire, a discussion with the Medical Officer of any issues, review of procedures, and an inspection of office, laboratory and x-ray facilities used by the DMP.

Documentary Audit — during the review of an applicant’s medical documents, an audit of the DMP’s performance is also carried out. This audit includes reviewing the DMP’s performance in the following areas:

- **Form completion** — ensuring that all appropriate Sections A to E of the Medical Report are legibly completed, including records of both positive and negative findings. Conclusions, prognosis, and summary should reflect the Designated Medical Practitioner’s objective findings.
- **Diagnostic tests** — ensuring that age appropriate testing (urinalysis, syphilis serology, HIV, chest x-ray) is carried out. The quality of the chest x-ray films submitted and appropriate identification of the applicant thereon are of the utmost importance.
- **Completeness and timeliness of submissions** — ensuring that documents are complete and submitted in a timely fashion.
- **Additional Reports** — ensuring the quality and timeliness of responses to requests for further information.

SECTION 9.

DMP Status

1. Letter of Concern

Where an issue(s) is identified in a DMP's performance, a Medical Officer may issue a Letter of Concern, with a copy to the Director. The letter will specify the particular issue(s) and suggest remedial action. The Medical Officer will follow-up on this remediation and, following review, the DMP will be notified in writing of the outcome — remediation effective, further remediation required or termination.

2. Letter of Suspension

Where a DMP is being investigated by his/her licensing body, the DMP must immediately notify the Medical Officer responsible for his/her location. The Medical Officer will assess the issue(s) under investigation and may determine that a Letter of Suspension be sent to the DMP, with a copy to the Director. The letter will indicate that the DMP is suspended from DMP duties. Depending upon the outcome of the investigation, the Medical Officer will inform the suspended DMP of reinstatement/ termination of DMP status.

3. Letter of Termination

If, following a Letter of Concern being issued, the DMP fails to successfully address or respond to the remedial suggestions, or where the precipitant factor is, in the opinion of a Medical Officer, of such a nature as to be incompatible with the continuation of the appointment, then the appointment shall be terminated. A Medical Officer will send the DMP a Letter of Termination, with a copy to the Director.

4. Reasons for Termination of DMP Appointment — include but are not restricted to:

- Frequent or continual low quality professional performance.
- Unethical conduct.
- Loss or suspension of medical license.
- Failure to provide reasonably prompt service.
- Failure to provide service to CIC applicants without reasonable cause.
- Failure to abide by fee guidelines.
- Change of geographical location.
- Insufficient volume of medical examinations to justify continued DMP status.

Additionally, a DMP may voluntarily relinquish appointment.

5. Appeal Process

In the event that a DMP appointment is suspended or terminated by a Medical Officer, the DMP may appeal to the Director. The decision of the Director is final.

APPENDIX I

Contact Information

DIRECTOR

Director
Health Programs Delivery
Medical Services Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, Ontario, Canada
K1A 1L1

**INTERIM FEDERAL
HEALTH (IFH) PROGRAM**

Manager
Interim Federal Health (IFH) Program
Medical Services Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, Ontario, Canada
K1A 1L1

REGIONAL MEDICAL OFFICES**Beijing**

Medical Services
19 Dongzhimenwai Dajie
Chaoyang District
Beijing, PRC 100600

London

Medical Services
The Canadian High Commission
MacDonald House
1 Grosvenor Square
London, England W1X 0A8

Manila

Medical Services
The Canadian Embassy
11th Floor, Allied Bank Bldg.
6754 Ayala Avenue
Manila, Philippines

Nairobi	<p>Medical Services Canadian High Commission P.O. Box 1013 00621 — Nairobi, Kenya</p>
New Delhi	<p>Medical Services The Canadian High Commission 7/8 Shantipath, Chanakyapuri New Delhi 1100231, India</p>
Ottawa	<p>Health Programs Delivery Medical Services Branch Citizenship and Immigration Canada 365 Laurier Ave. West, 3rd floor Ottawa, Ontario, Canada K1A 1L1 DMPs in Canada and the United States can telephone the DMP hotline at: (613) 946-1321</p>
Paris	<p>Medical Services The Canadian Embassy 35, avenue Montaigne 75008 Paris, France</p>
Port of Spain	<p>Medical Services The Canadian High Commission Maple House, Tatil Centre 3 — 3A Sweet Briar Road PO Box 1295 Port of Spain Trinidad, W.I.</p>
Singapore	<p>Medical Services The Canadian High Commission 80 Anson Road #15-01 IBM Towers Singapore 079907</p>
Vienna	<p>Medical Services The Canadian Embassy Laurenzerberg 2/3A-1010 Vienna, Austria</p>

APPENDIX II

Citizenship and Immigration Canada / Citoyenneté et Immigration Canada		PROTECTED WHEN COMPLETED - B					
Medical Report: Section A Client Identification & Summary		Visa Office & Number: _____ IMS Serial Number: _____ FOSS Client ID: _____					
Surname: (provide alias or AKA names in brackets)		Forename/First Names					
Date of Birth	Day	Month	Year	Country of Birth	Sex	Marital Status	[_____] [_____]
Mailing Address (for use if further medical information is required)					Category of Applicant		
Telephone Number ▶					Intended Canadian Destination		
					Contact Address/Person within Canada (name, full address and telephone number)		
Required for all applicants. Must be taken within six months of the medical examination.							

PHYSICIAN'S SUMMARY AND DECLARATION BASED ON HISTORY AND PHYSICAL EXAMINATION
 ✓ check off ALL appropriate item(s):

A. Findings that are unremarkable or minor conditions which normally respond well to short term office/outpatient treatment. SURGERY IS NOT REQUIRED. Applicant can be followed by a general practitioner and will have minimal requirements for hospitalization or social services. NO ACTIVE TB OR DANGEROUS BEHAVIOUR. (e.g. NORMAL CHILDREN, controlled diabetes and/or hypertension with no associated significant end organ damage, cataracts not requiring immediate surgery, psychiatric disorders that are well controlled and where the applicant is capable of working and will likely remain self-sufficient, etc.)

B. Findings that require periodic specialist follow-up care but which normally can be handled without resorting to repeated hospitalizations or the provision of social services (e.g. totally asymptomatic congenital or rheumatic heart disease where the requirement for hospitalization and/or surgical intervention appears unlikely over the next 10 years, well controlled rheumatoid arthritis with a minimal functional impact, etc.) Applicant should be able to function independently and be self-sufficient (no anticipated need for domiciliary or nursing home care in the future). No evidence of mental retardation or developmental delay. NO ACTIVE TB OR DANGEROUS BEHAVIOUR. At most only minor hospitalizations.

C. Findings that may require more extensive investigations or care. Applicants where:

- (1) HOME/INSTITUTIONAL SUPERVISION & CARE is needed,
- (2) MAJOR OR RECURRENT HOSPITALIZATIONS are likely, (especially for procedures involving joint replacements, transplantation, cardiac surgery, subspecialist care, etc.),
- (3) SPECIALIZED HOSPITAL FACILITIES such as DIALYSIS units, CANCER outpatient clinics,
- (4) There is a need for use of intermittent/continuing SOCIAL SERVICES, or SPECIALIZED EDUCATION/VOCATIONAL TRAINING,
- (5) DETERIORATION appears likely,
- (6) the normal acquisition or maintenance of SELF-SUFFICIENCY APPEARS DOUBTFUL,
- (7) ACTIVE TB appears to be present (or an easily communicable serious infectious disease),
- (8) BEHAVIOUR appears to be POTENTIALLY DANGEROUS to others (e.g. some psychiatric disorders or illicit drug/alcohol abuse during the last two years, especially when associated with impaired driving or legal difficulties).

EXAMPLES: Dementia and psychiatric disorders causing clinically significant distress or impairment in social, occupational or other important areas of functioning; renal insufficiency, diabetic nephropathy or patients on renal dialysis or renal conditions with the potential for deterioration; symptomatic heart disease of any cause, or symptomatic peripheral vascular disease or symptomatic cerebro-vascular disease, or functional impairment due to strokes etc.; Parkinsonism; multiple sclerosis or genetic/inherited or other conditions likely to create a functional deficit; follow-up for neoplastic disorders; chronic infections or degenerative or auto-immune conditions with complications or requiring long term treatment.

D. Other conditions/disorders difficult to categorize OR where there is a lack of sufficient medical information.

← **ALSO MARK HERE IF APPLICANT IS CURRENTLY A REFUGEE/REFUGEE CLAIMANT**



DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.
 Physician's full name, address and telephone number (OFFICE STAMP MAY BE USED)

Signature	Date	Day	Month	Year	Place of examination
-----------	------	-----	-------	------	----------------------

IMM 1017 (05-1998) E
 CIC EXPLORE

(DISPONIBLE EN FRANÇAIS - IMM 1017 F)

APPENDIX III

	Citizenship and Immigration Canada Citoyenneté et Immigration Canada	<h2 style="margin: 0;">EDE-EFE</h2>	PROTECTED WHEN COMPLETED - B Visa Office & Number: IMS Serial Number: FOSS Client ID:				
<h3 style="margin: 0;">Medical Report: Section A Client Identification & Summary</h3>							
Surname: (provide alias or AKA names in brackets) _____ Forename/First Names _____							
Date of Birth	Day	Month	Year	Country of Birth	Sex	Marital Status	[_____]
Mailing Address (for use if further medical information is required)					Category of Applicant		
					Intended Canadian Destination		
Telephone Number ▶ _____					[_____]		
Contact Address/Person within Canada (name, full address and telephone number)					Required for all applicants. Must be taken within six months of the medical examination.		
PHYSICIAN'S SUMMARY AND DECLARATION BASED ON HISTORY AND PHYSICAL EXAMINATION ✓ check off ALL appropriate item(s):							
<input type="checkbox"/> A. Findings that are unremarkable or minor conditions which normally respond well to short term office/outpatient treatment. SURGERY IS NOT REQUIRED. Applicant can be followed by a general practitioner and will have minimal requirements for hospitalization or social services. NO ACTIVE TB OR DANGEROUS BEHAVIOUR. (e.g. NORMAL CHILDREN, controlled diabetes and/or hypertension with no associated significant end organ damage, cataracts not requiring immediate surgery, psychiatric disorders that are well controlled and where the applicant is capable of working and will likely remain self-sufficient, etc.)							
<input type="checkbox"/> B. Findings that require periodic specialist follow-up care but which normally can be handled without resorting to repeated hospitalizations or the provision of social services (e.g. totally asymptomatic congenital or rheumatic heart disease where the requirement for hospitalization and/or surgical intervention appears unlikely over the next 10 years, well controlled rheumatoid arthritis with a minimal functional impact, etc.) Applicant should be able to function independently and be self-sufficient (no anticipated need for domiciliary or nursing home care in the future). No evidence of mental retardation or developmental delay. NO ACTIVE TB OR DANGEROUS BEHAVIOUR. At most only minor hospitalizations.							
<input type="checkbox"/> C. Findings that may require more extensive investigations or care. Applicants where: <ol style="list-style-type: none"> (1) HOME/INSTITUTIONAL SUPERVISION & CARE is needed, (2) MAJOR OR RECURRENT HOSPITALIZATIONS are likely, (especially for procedures involving joint replacements, transplantation, cardiac surgery, subspecialist care, etc.), (3) SPECIALIZED HOSPITAL FACILITIES such as DIALYSIS units, CANCER outpatient clinics, (4) There is a need for use of intermittent/continuing SOCIAL SERVICES, or SPECIALIZED EDUCATION/VOCATIONAL TRAINING, (5) DETERIORATION appears likely, (6) the normal acquisition or maintenance of SELF-SUFFICIENCY APPEARS DOUBTFUL, (7) ACTIVE TB appears to be present (or an easily communicable serious infectious disease), (8) BEHAVIOUR appears to be POTENTIALLY DANGEROUS to others (e.g. some psychiatric disorders or illicit drug/alcohol abuse during the last two years, especially when associated with impaired driving or legal difficulties). <p>EXAMPLES: Dementia and psychiatric disorders causing clinically significant distress or impairment in social, occupational or other important areas of functioning; renal insufficiency, diabetic nephropathy or patients on renal dialysis or renal conditions with the potential for deterioration; symptomatic heart disease of any cause, or symptomatic peripheral vascular disease or symptomatic cerebro-vascular disease, or functional impairment due to strokes etc.; Parkinsonism; multiple sclerosis or genetic/inherited or other conditions likely to create a functional deficit; follow-up for neoplastic disorders; chronic infections or degenerative or auto-immune conditions with complications or requiring long term treatment.</p>							
<input type="checkbox"/> D. Other conditions/disorders difficult to categorize OR where there is a lack of sufficient medical information.							
<input type="checkbox"/> ← ALSO MARK HERE IF APPLICANT IS CURRENTLY A REFUGEE/REFUGEE CLAIMANT							
DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.							
Physician's full name, address and telephone number (OFFICE STAMP MAY BE USED)							
Signature				Date		Place of examination	
				Day Month Year			
IMM 1017 (05-1998) E CIC EXPLORÉ				(DISPONIBLE EN FRANÇAIS - IMM 1017 F)			

APPENDIX IV



Citizenship and Immigration Canada
Citoyenneté et Immigration Canada

IMM 1017
EFC
(05-2003)
English

MEDICAL REPORT - SECTION A

1. Details of person examined

Surname

Forename/
Given name(s)

Other names used or being used
(including name at birth, previous married names, aliases)

Date of birth: Day Month Year Country of birth

Sex Male Female

Relationship to sponsor

Mailing address (in pinyin, if address in China)

Telephone number () ()

2. Details of principal applicant (same as above or)

Surname

Forename/
Given name(s)

Date of birth: Day Month Year

Address (in pinyin, if address in China)

Telephone number () ()

Visa office file no. (if applicable)

MD 00 000 000

BAR CODE

EFC

Space reserved for applicant's photo

SPECIMEN

SPECIMEN

To be completed by examining physician

DECLARATION: I declare that I have confirmed the identity and examined this person and that I have entered a true and correct record of my findings.

Signature

Date: Day Month Year

Name of medical office to which the IMM 5419 is sent to

Visa office

4. Declaration and signature of the person examined or of this person's parent/guardian if applicable. The physician named in 3. has performed the medical examination and gave me copy 2 of this form.

(DISPONIBLE EN FRANÇAIS - IMM 1017 DCF F)



COPY 1 - REGIONAL MEDICAL OFFICE

COPY 2 - PERSON EXAMINED

Appendix D Medical instructions

Sponsored spouses, common-law partners, conjugal partners and dependent children whose application is processed outside Canada and their dependent children

The following instructions apply only to

- members of the family class
 - who are the spouse, common-law partner, conjugal partner or dependent child of the sponsor, and
 - whose application for permanent residence is processed at a Canadian visa office;
- their dependent children.

If you are not a person described above, do not use this form. If you do, the results of your medical examination will not be valid. You will have to undergo a new examination and pay associated fees.

These instructions do not apply to your family members who are Canadian citizens or permanent residents as they do not need to undergo a medical examination.

You and each of your family members being examined must complete your own copy of this instruction sheet. Make enough photocopies for your needs before you start giving the details requested in the boxes provided below.

1. Person to be examined

Family name

Given name(s)

Other names used or being used

Date of birth

Place of birth

Sex Male Female

2. Principal applicant, if different from person in 1.

Family name

Given name(s)

Date of birth

Address
If you live in China, provide address in Pinyin as well as in English

Relationship to sponsor

3. Visa office that will be processing the file

Address
If you live in China, provide address in Pinyin as well as in English

4. Sponsor.

Family name

Given name(s)

Address

Telephone number

APPENDIX IV (CONT'D)

When you and your family members go for your medical examination, make sure you have this sheet completed for each person, along with the following items:

- passports for yourself and your family members, plus a photocopy of the bio-data page of each passport. If a passport is not available, provide an official identity document bearing the photo and date of birth of the family member;
- eye glasses or contact lenses, if you or your family members wear them;
- previous medical report(s), if any. You must tell the examining doctor about all past and present medical problems and conditions, and provide the doctor with any available documentation such as physician's reports, treatment or prescriptions; and
- five recent pictures taken within six months preceding the date of the examination and, where applicable, a negative for yourself and your family members (see section on photos in the instructions on how to complete the Application for permanent residence).

Make an appointment with one of the doctors identified on the enclosed list. A Medical Report, Section A (form IMM 1017 EFC) will be completed at the doctor's office for yourself and each of your family members undergoing the medical exam. A photo of the person to be examined by the doctor will be affixed on both copies of that person's form. This form is used to match your medical file to your immigrant file.

The doctor will sign the form and mail the first copy to the Canadian Regional Medical Office (RMO) with the results of the examination. You will be given the second copy as proof you underwent the medical examination. You must include this copy with your immigrant application when you send it to your sponsor. Photocopies will not be accepted. If you lose it, you will not be able to obtain a duplicate; you will have to redo the medical examination and pay any associated fees again.

We will review the medical results to determine whether there are any medical reasons which would prevent you or your family members from coming to Canada.

You and each of your family members will also have to complete your own copy of the Medical Report, Section B (form IMM 5419). You will have to write your answers to the questions on this form in the presence of the examining doctor, who will then proceed to complete Section C, D and E.

The medical examination includes:

- complete physical examination for all family members;
- chest X-ray and a radiologist's report for everyone aged 11 years and over;
- blood test for everyone aged 15 years or over;
- urinalysis for everyone aged 5 years or over;
- HIV testing for everyone aged 15 years or over, as well as for children who have received blood or blood products, or have a known HIV mother.

If your medical results prove satisfactory, they have a validity of one year from the date of examination. Therefore, you should make arrangements to have the date of your medical examination precede as closely as possible the date you will be sending your application and supporting documentation to your sponsor.

If the processing of your application for permanent residence is delayed and we cannot reach a decision about your application before the validity of your medical examination expires, you will be required to do the medical examination again.

APPENDIX V



Citizenship and Immigration Canada / Citoyenneté et Immigration Canada

Medical Report: Section B Functional Inquiry, Background Information and Applicant's Declaration

**APPLICANT (or guardian) to answer in the presence of the examining physician.
IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE DETAILS INCLUDING DATES.**

HAVE YOU EVER HAD or NEEDED: Provide details below, continue on reverse if needed.

1. An operation/ HOSPITAL treatment for any reason?	No	Yes ▶
2. Convulsions, blackouts, loss of consciousness, "fits" or EPILEPSY ?	No	Yes ▶
3. Anxiety, depression or NERVOUS PROBLEMS requiring treatment?	No	Yes ▶
4. High blood pressure, any HEART trouble, CHRONIC COUGH , breathlessness or chest pain?	No	Yes ▶
5. Recurrent or CHRONIC PAIN in the neck, back, or any joint sufficient to interfere with work or normal day-to-day activities?	No	Yes ▶
6. Problems with DIGESTION , stomach pains, heartburn, blood in stool, chronic diarrhea?	No	Yes ▶
7. TUBERCULOSIS , a SEXUALLY TRANSMITTED DISEASE , or any other COMMUNICABLE DISEASE lasting more than 3 weeks?	No	Yes ▶
8. A history of jaundice or HEPATITIS involving you OR anyone in your immediate family?	No	Yes ▶
9. A history of KIDNEY or bladder disease or complaint?	No	Yes ▶
10. DIABETES or history of sugar in the urine?	No	Yes ▶
11. Any OTHER ILLNESS , injury or medical condition lasting more than 3 weeks, or a recurring condition not previously mentioned? Any recent UNINTENTIONAL WEIGHT LOSS ?	No	Yes ▶
12. Are you taking any pills, MEDICATION or receiving any medical treatment?	No	Yes ▶
13. Have you ever been ADDICTED to alcohol or a drug, or taken drugs illegally?	No	Yes ▶
14. Have you ever had a test indicating the presence of the HIV virus or have you ever been told that you were suspected of having AIDS , HIV INFECTION , or any other immune disorder?	No	Yes ▶
15. Are you eligible for or do you receive a PENSION for MEDICAL/PSYCHOLOGICAL reasons?	No	Yes ▶
16. AUTISM , MENTAL RETARDATION , DEVELOPMENTAL DELAY or other physical or mental DISABILITIES/IMPAIRMENTS affecting your current or future ability to function independently?	No	Yes ▶
17. Any medical, psychological, alcohol related, or other TREATMENT in the past 5 years?	No	Yes ▶
18. Are you PREGNANT ? If so, what is the expected date of delivery:	No	Yes
Date: Day Month Year		
19. Previously, have you undergone a Canadian Immigration Medical examination for any reason (whether completed or not)? If so, where, when and under what name?	No	Yes ▶

List all countries (with duration of stay) where you have lived during the last five years:

Last country of permanent/long term residence prior to landing in Canada: Occupations/activities in last 5 years:

Intended length of stay: Intended occupation/activity in Canada:

A. Permanent/long term B. Temporary for Months Years

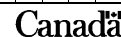
Declaration and Authorization of applicant (or guardian)

I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Department of Citizenship and Immigration any information concerning my health or medical history. I also authorize the Department to release information obtained for the purpose of this immigration medical examination to a public health agency or a physician in Canada, if indicated. I certify that the information I have provided on this form is correct.

Applicant's Signature ▶ Date Day Month Year

IMM 5419 (08-1998) E
CIC EXPLORÉ

(DISPONIBLE EN FRANÇAIS - IMM 5419 F)



APPENDIX VI



Medical Report: Section C Examining Doctor's Findings

- Review answers provided by applicant in Section B and provide details if needed.
- The physical examination of organ systems should be preceded by an appropriate functional inquiry.
- If at any time there is ANY clinical or radiologic finding suggestive of active TB, immediately refer to an appropriate specialist and submit a specialist's report.
- In keeping with standard ethical practice, the applicant should be made aware of abnormalities detected, in particular conditions requiring early or urgent intervention.

		_____ kg	_____ cm	Comments on abnormalities (continue on back of this sheet if needed)
1.	Weight / Height (crown-heel length for infants)			
	Head Circumference: Include an appropriate specialist report if clinically abnormal. PROVIDE ACTUAL HEAD MEASUREMENT FOR INFANTS ≤ 18 MONTHS OLD: _____ cm	Normal	Abnormal	
	Hearing (able to hear whispered voice at 6 metres/20 feet)	Normal	Abnormal	
	Eyes (include funduscopic exam / red reflex as appropriate) Provide a specialist report for presence or history of cataract, trauma, glaucoma, or other eye condition or disease.	Normal	Abnormal	
	Corrected Visual Acuity If necessary, use pin-hole occlusion. Provide appropriate comments for those too young to be tested. Provide a specialist ophthalmologist's report where the corrected visual acuity is abnormal (worse than 6/12 in either eye)	_____ Lt.	Normal	Abnormal
		_____ Rt.	Normal	Abnormal
2.	Ears, Nose, Throat, Mouth, Teeth	Normal	Abnormal	
3.	Endocrine System	Normal	Abnormal	
4.	Skin, Lymph Nodes, and Breasts (Inspect skin for cancer, leprosy, surgical scars, and tattoos. Inspect neck, axilla, and groin for lymphadenopathy)	Normal	Abnormal	
5.	Cardiovascular System (e.g. evidence of heart failure or other heart / vascular abnormalities, RHYTHM DISTURBANCES, abnormal bruits, TACHYCARDIA. Describe all murmurs and clearly comment if they are felt to be functional or pathologic)	Normal	Abnormal	
	Blood Pressure (required for all applicants aged 15 and older): Systolic _____ Diastolic _____			
	Include a SERUM CREATININE and CARDIOLOGIST'S REPORT if repeated readings after rest are abnormal and exceed the following limits: 59 years of age or less 140 / 90 60 years and over 160 / 90	Normal	Abnormal	
6.	Respiratory System (consider smoking history, chronic/recurrent lung conditions, cardiopulmonary disorders etc.) If there is a history of TB provide full details and enclose all available old chest X-ray films Provide Respiratory Rate: _____ Breaths/minute If this applicant SMOKES , how many pack-years? _____ pkg.-years	Normal	Abnormal	
7.	Gastrointestinal System (include a RECTAL EXAM if appropriate)	Normal	Abnormal	
8.	Urogenital System If clinically appropriate, females should be asked to provide evidence of a recent Pap smear result from their own physician or gynaecologist. Include a PROSTATE EXAM if appropriate.	Normal	Abnormal	
9.	Locomotor System / Physical Build	Normal	Abnormal	
10.	Indication of any substance abuse?	Normal	Abnormal	

11. Nervous System Sequelae of stroke or cerebral palsy, other neurologic disabilities	Normal	Abnormal	Comments on abnormalities (continue on back of this sheet if needed)	
A) Is there any evidence of DEVELOPMENTAL DELAY ? (Examples include the following: (i) infants not speaking their first word before 12 months of age, (ii) infants not speaking in two or three word sentences before 2 1/2 years of age, (iii) infants failing to walk independently before 16 months of age).	No	Yes		
B) Do you think there is ANY MENTAL RETARDATION ?	No	Yes		
C) After the acquisition of appropriate English or French communication skills, is it likely that the applicant will require further SPECIAL ASSISTANCE at school AND/OR special vocational training? Is there anything to prevent this applicant from acquiring such skills?	No	Yes		
D) Is there ANY evidence of DEMENTIA (Making NO adjustments for age)? Review all applicants for cognitive function to determine if short, medium, or long term memory deficits exist. Formal testing using Folstein's Mini-Mental Examination (or local equivalent) is recommended as appropriate.	No	Yes		
Special Questions of Concern				
12. Is there any Physical or Mental condition which may affect this person's ability to earn a living, take care of themselves or adapt to a new environment, now or in their future adult life? Document these physical or psychiatric conditions.	No	Yes		
13. Is there any personal / family history of a condition which might reasonably lead to the requirement, now or in the future, for Organ Transplantation or Dialysis ? (e.g. diabetic / lupus nephropathy, pyelonephritis, family history or personal history of polycystic kidney disease, chronic active hepatitis or hepatitis carrier state)	No	Yes		
14. Has applicant ever received treatment or follow-up for any type of Cancer ? (if yes, provide up-to-date details & staging)	No	Yes		
15. Concerning this applicant, on average: i) How many days per week is alcohol consumed: _____ days/week. ii) How many drinks per week does this applicant consume: _____ drinks/week. iii) What is the maximum number of drinks consumed on any one occasion during the last two months: _____ drinks. Do you feel this applicant is at increased risk for developing Alcohol-Related Problems , is currently experiencing alcohol-related problems (abuse), or is alcohol dependent?	No	Yes		
16. During the last 2 years , has this applicant been in close contact with anyone who had active tuberculosis or any type of tuberculosis requiring treatment?	No	Yes		

Summarize abnormalities and provide your opinion as to **PROGNOSIS**. If full mobility and physical self-sufficiency is in doubt enclose an 'Activities of Daily Living Form' or local equivalent:

DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.

Examining physician's name, address and telephone number (OFFICE STAMP MAY BE USED)

Signature	Date of examination Day Month Year	Place of examination
-----------	---	----------------------

IMM 5419 (08-1998) E
CIC EXPLORE

APPENDIX VII

Citizenship and Immigration Canada / Citoyenneté et Immigration Canada		PHOTO PHOTOGRAPH OF APPLICANT Required for all applicants. Must be taken within six months of the medical examination.
Medical Report: Section D Laboratory Requisition		
Surname	Forenames (First Names)	
Applicant's Declaration: I authorize any physician, laboratory, clinic or hospital to release to the Department of Citizenship and Immigration any information obtained for the purpose of this immigration medical examination to a public health agency or a physician in Canada, if indicated.		
Applicant's Signature	Date Day Month Year _____	

1. Perform the investigations requested below.

2. Person collecting blood or receiving specimen should sign in the corresponding signature box below to confirm that the sample was collected from the individual identified above.

3. Please return this form to the ordering physician.

	Urinalysis Required: Age 5 yrs and older	Signature
DIPSTICK FOR PROTEIN, GLUCOSE AND BLOOD. If abnormal, do a microscopic urinalysis (clean specimen). If urinalysis is known to be unremarkable & normal, check here → <input type="checkbox"/>		
	Syphilis Serology Required: Age 15 yrs and older	Signature
If syphilis serology is known to be nonreactive / negative, check here → <input type="checkbox"/>		
	Serum Creatinine See below for indications	Signature
SERUM CREATININE is required for applicants with hypertension, diabetes, autoimmune disorders, a confirmed abnormal urinalysis done on a repeat clean specimen, and those with a history of urinary tract disorders or disorders potentially affecting renal function.		
	24h Urine for Total Protein Indicated if 1 + protein or more on urinalysis	Signature
	Hepatitis B surface antigen When indicated	Signature
	HIV When indicated	Signature
	Sputum smears and cultures for TB When indicated (collected over 3 days)	Signature
		Signature

IMM 5419 (08-1998) E
CIC EXPLORE

(DISPONIBLE EN FRANÇAIS - IMM 5419 F)

Canada

APPENDIX VIII



Medical Report: Section E CHEST X-RAY REPORT

- A ROUTINE chest X-ray is required for all aged 11 years and older. A chest X-ray is also required for those under 11 years of age if there is any relevant history or clinical indication (e.g. history of TB involving any part of the body, previous contact with active TB, congenital/chronic heart/lung conditions etc.). **THE CHEST X-RAY FILM REMAINS THE PROPERTY OF THE DEPARTMENT OF CITIZENSHIP AND IMMIGRATION.**
- The chest X-ray must be on a large posteroanterior (PA) film and must bear the date of the examination, the applicant's surname and given names, and the Canadian Immigration file number (if available). **Names must be written in the ENGLISH ALPHABET.** This information is to be automatically inscribed during the photographic process or written in ink (preferably white ink). **If the examinee is pregnant, the film must be full sized, the field size must be strictly limited and there must be abdominal shielding.**
- This report is to be returned to the Physician who examined the applicant.

1. Applicant Details			
Surname		Forenames (First Names)	
Applicant's Declaration: To be signed by the applicant (or responsible guardian) in the presence of the radiographer/technologist.			PHOTO PHOTOGRAPH OF APPLICANT Required for all applicants. Must be taken within six months of the medical examination
I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Department of Citizenship and Immigration any information concerning my health or medical history, including X-ray films. I also authorize the Department to release information obtained for the purpose of this immigration medical examination to a public health agency or a physician in Canada, if indicated.			
Applicant's Signature		Date	
		Month	Year

2. Certification: (If X-ray deferred, provide reason below and return form to examining physician)			
If deferred provide reason:			
DECLARATION: (IF X-ray is NOT deferred): I certify that I have carried out the X-ray of the person whose photograph and signature are on this form.			
Writing Address and telephone number of Location where chest X-ray was taken (please print or use office stamp)			
Signature of Technician / Radiographer		Date chest X-ray taken	Place of examination
		Day	Month
		Year	

3. Chest X-ray Interpretation by the Radiologist (general findings)			
a) Skeletal and/or soft tissue abnormalities?		No	Yes ▶
b) Abnormal great vessel or heart shadows?		No	Yes ▶
c) Abnormal hilar shadow and/or lymphatic glands?		No	Yes ▶
d) Abnormal hemidiaphragms?		No	Yes ▶
e) Abnormal lung fields?		No	Yes ▶
f) Any evidence of tubercular lesions?		No	Yes ▶
g) Evidence of ANY fibrosis/fibrocalcification involving the upper lobes or superior segments of the lower lobes?		No	Yes ▶
h) Any other abnormalities?		No	Yes ▶
Comment on Abnormalities (if preferred, attach a separate written report)			

4. Record of Special Findings Noted on the Applicant's Chest X-ray Film(s)
Please review the list below and check all appropriate boxes

MINOR FINDINGS

- 1.1 Single fibrous streak / band / scar
- 1.2 Bony islets
- 2.1 Apical pleural **capping** with a **smooth inferior border** (< 1 cm. thick at all points)
- 2.2 Unilateral or bilateral costophrenic angle **blunting** (**below** the horizontal)
- 2.3 **Calcified nodule(s) in the hilum / mediastinum** with no pulmonary granulomas

MINOR FINDINGS (OCCASIONALLY ASSOCIATED WITH TB INFECTION)

- 3.1 **Solitary Granuloma** (< 1 cm. and of any lobe) with an **unremarkable hilum**
- 3.2 **Solitary Granuloma** (< 1 cm. and of any lobe) with **calcified / enlarged hilar lymph nodes**
- 3.3 Single / Multiple **calcified pulmonary nodules / micronodules with distinct borders**
- 3.4 **Calcified pleural** lesions
- 3.5 Costophrenic Angle **blunting** (either side **above the horizontal**)

FINDINGS SOMETIMES SEEN IN ACTIVE TB OR OTHER CONDITIONS

- 4.0 **Notable apical pleural capping** (rough or ragged inferior border and / or \geq 1 cm. thick at any point)
- 4.1 **Apical fibronodular / fibrocalcific** lesions or apical **microcalcifications**
- 4.2 Multiple / single **pulmonary nodules / micronodules (noncalcified or poorly defined)**
- 4.3 Isolated **hilar or mediastinal mass/lymphadenopathy** (noncalcified)
- 4.4 **Single / multiple pulmonary nodules / masses \geq 1 cm.**
- 4.5 Non-calcified **pleural fibrosis** and / or **effusion**.
- 4.6 Interstitial fibrosis / parenchymal lung disease / acute pulmonary disease
- 4.7 **ANY cavitating lesion OR "Fluffy" or "Soft" lesions** felt likely to represent **active TB**.

NONE OF THE ABOVE ARE PRESENT

5. Certification by the Radiologist

DECLARATION: This is a true and correct record of my findings. **IF THE X-RAY LIKELY REPRESENTS ACTIVE TB, THE REFERRING PHYSICIAN WILL BE NOTIFIED DIRECTLY.**

Full name, writing address and telephone number (please print or stamp)

Signature

Date

Day

Month

Year

Location

IMM 5419 (08-1998) E
CIC EXPLORE

APPENDIX IX

Guide to the Completion of the Medical Report Forms for Canadian Immigration

1. MEDICAL REPORT FORMS – GENERAL INFORMATION

CIC's Medical Report forms are the IMM 1017 (Medical Report Section A) and the IMM 5419 (Medical Report Sections B-E).

CIC's *Immigration and Refugee Protection Act* (IRPA) provides three health grounds for inadmissibility: danger to public health, danger to public safety, and excessive demand on health or social services. Certain permanent resident applicants are exempt from excessive demand assessment.

CIC has three different types of IMM 1017s, depending on whether or not an applicant is excessive demand exempt:

- (i) **IMM 1017** — used for non-excessive demand exempt applicants — a sample form is included as Appendix II.
- (ii) **IMM 1017 EDE-EFE** — used for certain excessive demand exempt applicants — similar in appearance to the IMM 1017, but marked with an EDE-EFE stamp to indicate it is an excessive demand exempt case. See Appendix III for an example.
- (iii) **IMM 1017 EFC** — used for certain excessive demand exempt family class applicants — a sample form is included as Appendix IV, together with "Appendix D – Medical Instructions".

2. IMM 1017 AND IMM 1017 EDE-EFE – SECTION A: CLIENT IDENTIFICATION

2.1 The medical examination of an applicant is usually initiated after a Canadian Immigration Office has given an applicant an IMM 1017 or an IMM 1017 EDE-EFE with the client information completed. Exceptions to this include students and certain family class applicants.

2.2 The photograph of the applicant attached to the IMM 1017/IMM 1017 EDE-EFE form must be stamped by the DMP with the DMP stamp as acknowledgement of identification of the applicant.

2.3 The “IMS Serial Number” and the “FOSS Client ID” boxes are normally blank as they are usually not known at the time the form IMM 1017 or IMM 1017 EDE-EFE is issued to the applicant.

2.4 It is the responsibility of the Designated Medical Practitioner to ensure that the person being examined is the person identified by the Surname (for married females, include maiden name in brackets), Forename and Date of Birth boxes, and whose recent photographs are attached to the front of the Medical Report forms IMM 1017 and IMM 5419 (Sections D and E).

3. IMM 1017 EFC – SECTION A: CLIENT IDENTIFICATION

3.1 The IMM 1017 EFC form is used for certain excessive demand exempt members of the family class, whose application is being processed outside Canada. Such applicants have obtained an information guide specific to their geographic region, which includes “Appendix D – Medical Instructions” - see Appendix IV.

3.2 The “Appendix D: Medical Instructions” document will identify the applicant as a member of one of the family classes exempted from the excessive demand determination and to whom the IMM 1017 EFC applies. “Appendix D: Medical Instructions” contains an identification section that the applicant must complete. An immigration medical examination should be undertaken when the applicant brings a completed “Appendix D: Medical Instructions” to the DMP’s office. The applicant will not be in possession of an IMM 1017 or IMM 1017 EDE-EFE issued by a CIC Office.

3.3 After confirming the identity of the applicant using a government-issued photo-identity document such as a passport or national identity card, the DMP will:

- (i) attach photographs of the applicant on both Copy 1 and Copy 2 of the IMM 1017 EFC as well as Sections D and E of the IMM 5419 and stamp the top right corner of the photographs using his/her DMP stamp,
- (ii) complete, in full, the required information in “1. Details of person examined” and “2. Details of principal applicant” on the IMM 1017 EFC. The information must be identical on each of the two parts of the form (carbonless copy) and on “Appendix D: Medical Instructions”.
- (iii) ensure that the applicant or parent/guardian signs section 4. Declaration on the IMM 1017 EFC.

(iv) submit Copy 1 of the IMM 1017 EFC, together with the rest of the medical examination documents, to the Regional Medical Office. Copy 2 must be returned to each applicant along with the “Appendix D: Medical Instructions” form as proof that the medical examination was completed and for return to the applicant’s sponsor in Canada.

3.4 It should be noted that the two duplicate copies of Form IMM 1017 EFC contain an identical bar code identification number. This number makes each IMM 1017 EFC form unique. CIC will use this unique identification number to match the results of the medical examination to the immigration file. To avoid having the same identification number assigned to two different applicants, these forms must not be reproduced. The forms are printed with a special ink that makes it impossible to properly photocopy the green background. Thus DMPs must ensure that they have a sufficient supply of the IMM 1017 EFC forms to meet demand. The Regional Medical Office has sufficient stock of these forms to supply DMPs with forms on request.

4. IMM 1017 AND IMM 1017 EDE-EFE — SECTION A: PHYSICIAN’S SUMMARY

4.1 After the medical examination of the applicant has been fully completed, the Designated Medical Practitioner should categorize the applicant’s condition and prognosis into one of the four categories listed and described in this section of the form.

4.2 If the applicant’s condition does not clearly fit into one of the first three categories (A, B, C) or if there is not yet sufficient information to make this determination, then the fourth category (D) should be used.

5. IMM 1017, IMM 1017 EDE-EFE, AND IMM 1017 EFC — SECTION A: DECLARATION OF EXAMINING PHYSICIAN

5.1 This section must be fully completed, signed, and stamped with the DMP stamp. A medical examination report that has not been signed, or is not fully completed, will be returned to the DMP for completion. This will cause delay in the immigration medical assessment.

5.2 It should be understood that the DMP, in signing this declaration, accepts full responsibility for the accuracy of what is entered on the form.

5.3 Once the medical examination is fully completed and the declaration signed, the DMP should collate and forward the Medical Report with all required and relevant reports directly to the appropriate Regional Medical Office. The DMP must not allow the completed Medical Report forms (IMM 1017 and IMM 5419) to be reviewed, nor provide copies, to the applicant or his/her agent.

6. IMM 5419 — SECTION B: GENERAL INFORMATION

6.1 Applicants who are excessive demand exempt are identified by, and will present to the DMP office for examination with, either:

- an IMM 1017 EDE-EFE Medical Report form, or
- “Appendix D Medical Instructions”.

6.2 Applicants identified as being excessive demand exempt (EDE) should not be investigated by the DMP beyond the functional inquiry, the physical/mental examination, and the required routine laboratory and radiology tests for conditions other than those that may present a risk to public health or to public safety in Canada. If an excessive demand exempt applicant provides information on a condition that might require significant medical or social services in Canada, either verbally or by providing copies of specialist’s reports, these may be included with the immigration medical report, but should neither cause delay nor add additional expense to the applicant.

6.3 Applicants identified as being excessive demand exempt may require further investigation to determine whether they present a risk to the public health or safety of Canadians. Active tuberculosis and untreated syphilis are examples of medical conditions that present a risk to the public health in Canada. Conditions that pose a threat to public safety in Canada might include:

- certain impulsive sociopathic behaviour disorders,
- some aberrant sexual disorders such as paedophilia,
- certain paranoid states,
- some organic brain syndromes associated with violence or risk harm to others, and
- applicants with substance abuse leading to antisocial behaviour such as fighting, impaired driving, or other types of antisocial behaviour.

6.4 HIV infection is not of itself considered a significant public health risk in Canada. However, the behaviour of an HIV-infected individual may present a threat to public health and safety if the applicant does not understand the condition and the steps that are necessary to prevent its spread. This is why post-test counselling is so fundamental to the management of HIV-infected individuals. Counselling ensures

that the applicant is aware of the condition and can take the measures necessary to prevent or minimize the spread of the virus. This counselling also permits the physician to identify those rare applicants who may actually state that their intention is to infect others with HIV. The counselling DMP must ensure that the applicant signs the Acknowledgement of HIV Post-Test Counselling.

6.5 For all applicants, whether excessive demand exempt or not, positive responses to questions in Section B should be described in as much detail as is possible, including the past and present history of the problem, its treatment, and the applicant's stated response to treatment. Positive response(s) in the functional history section may require an entry in the physical examination record — Section C of the IMM 5419.

6.6 When significant abnormalities are detected, and the applicant is not excessive demand exempt, the DMP should use his/her clinical judgement to refer the applicant to an appropriately qualified and reputable specialist without waiting for such a specific request from the Medical Officer.

Whenever a specialist's report is obtained, as requested in these guidelines or by a Medical Officer, the report should include:

- complete details of the current clinical status of the applicant,
- the history of onset, treatment, progression, and complications of the disease,
- copies of reports of any relevant investigations necessary to determine the etiology, specific diagnosis, stage, or remission status of the disease,
- the current treatment plan,
- the specialist's opinion on the prognosis of the condition and the individual's future treatment/management requirements, and
- no reference regarding medical admissibility to Canada.

7. IMM 5419 — SECTION B: FUNCTIONAL INQUIRY GUIDANCE

Question 1: OPERATION OR HOSPITAL TREATMENT

When the applicant has had an operation or hospital treatment, the details from the applicant should include the date and reason for the admission and/or the operative procedure that was done and pathology reports if available.

Note: If the applicant is NOT excessive demand exempt, the discharge summary and any pathology report from admissions for serious illnesses within the last 5 years should be included if available. For all neoplastic disease treated within the past five (5) years, the relevant operative and pathology reports, with a current specialist's report, are always required.

Question 2: CONVULSIONS, BLACKOUTS, OR EPILEPSY

With a history of convulsions, blackouts, or epilepsy, the details from the applicant should include the type of disorder, the age of onset, any precipitating factors, current drugs taken, and the frequency of attacks, severity and sequelae.

Question 3: ANXIETY, DEPRESSION, OR NERVOUS PROBLEMS

With a history of mental illness, which might include depression, psychosis, schizophrenia, eating disorders, or drug and alcohol abuse, the details should include the specific diagnosis, with details of the type and duration of treatment, any history of non-compliance with treatment or of relapses, and an assessment of potential for self-harm or harm to other.

The DMP may consider completing an Adult's Global Assessment of Functioning Scale (GAF) - see Appendix X.

Question 4: CARDIOVASCULAR & RESPIRATORY DISEASE

If there is a history of hypertension, the details obtained from the applicant should include date of diagnosis, current treatment, and whether there is, or there is not, any history of renal, cardiovascular or cerebrovascular disease.

If there is a history of ischemic heart disease, the details obtained from the applicant should include date of diagnosis, current treatment, the frequency of angina, and the activities that provoke angina.

If there is a history of congestive heart failure, the details obtained from the applicant should include date of diagnosis, current treatment, and current symptoms.

If there is a history of lung disease, such as pulmonary fibrosis, asthma, COPD, or chronic cough, the details obtained from the applicant should include history of symptoms, current treatment, and current impact of the respiratory disease on occupational and leisure activities.

Question 5: RECURRENT OR CHRONIC JOINT PAIN

With a history of arthritis or joint pain, the details from the applicant should include the severity of pain at rest and in motion, any functional limitations in activities of daily living, the distance that the applicant is able to walk, and the medications that are used.

Question 6: DIGESTION PROBLEMS, STOMACH PAINS, etc.

Any applicant who gives a positive history should undergo additional questioning to determine cause.

Question 7: TUBERCULOSIS, SEXUALLY TRANSMITTED DISEASES, etc.

When there is a past history of tuberculosis, the details from the applicant should include the date of diagnosis, duration and type of treatment. In all applicants, whether excessive demand exempt or not, copies of previous treatment reports, x-rays, and other relevant information should be obtained if possible. If there is any suspicion of tuberculosis, history, clinical, bacteriological and radiological examination will determine the activity of the disease.

Where there is an abnormal chest film but no history of previous active tuberculosis or there is a history of previous tuberculosis with or without previous adequate treatment, the case will be furthered until:

- a minimum of two chest films, taken at a minimum interval of three (3) months, have a stable appearance and;
- three sputum cultures taken at least 24 hours apart, examined for acid-fast bacteria (smear), and incubated for 6 to 8 weeks for tubercle bacilli by standard culture methods are negative.

All applicants who are diagnosed, clinically, radiologically, or bacteriologically, as active pulmonary tuberculosis must be treated and rendered "inactive" before entry to Canada.

Question 8: HEPATITIS

When there is a history of hepatitis, the details from the applicant should include the date and type of hepatitis.

Note: If the applicant is NOT excessive demand exempt, then the results of serum AST and ALT should be provided. If these are abnormal, then a specialist's report including hepatitis C antibodies and hepatitis B surface antigen should be provided.

Question 9: KIDNEY OR BLADDER DISEASE

When there is a history of urinary tract or renal disorder, the details from the applicant should include the date of onset, the diagnosis, treatment, and the current status.

Note: If the applicant is NOT excessive demand exempt, a serum creatinine must be performed. If elevated, a repeat serum creatinine, along with a 24 hour urine collection for protein and creatinine clearance, must be performed.

Question 10: DIABETES

When there is a history of diabetes, the details from the applicant should include the date of onset, the type of treatment, the history of complications, and the presence or absence of symptoms related to target-organ damage - such as nephropathy, neuropathy, ischemic heart disease, peripheral vascular disease or retinopathy.

Note: If the applicant is NOT excessive demand exempt, a serum creatinine must be performed. If elevated, a repeat serum creatinine, along with a 24 hour urine collection for protein and creatinine clearance, and an ECG must be performed.

Question 11: OTHER ILLNESS

When there is a positive response to the question, provide details.

Question 12: MEDICATION OR MEDICAL TREATMENT

When there is a positive response to the question, provide details.

Question 13: ALCOHOL/DRUG ABUSE OR ADDICTION

When there is a positive history of alcohol/drug abuse or addiction, the details should include the history of any social or occupational consequences from the abuse/addiction, any history of detoxification or rehabilitation programs, and the duration of abstinence or if there is current use of alcohol or drugs. See also Question 17: Medical or Other Treatment below.

Question 14: HIV OR AIDS

If there is a positive history of HIV or AIDS, include the date of diagnosis, whether the applicant has ever been prescribed, or advised to take, or taken, anti-retroviral drugs, and provide an assessment of the applicant's understanding of, and compliance with, practices necessary to prevent transmission of the disease.

Question 15: PENSION FOR MEDICAL/PSYCHOLOGICAL REASONS

When there is a positive response to the question, provide details.

Question 16: AUTISM, DEVELOPMENTAL DELAY, etc.

If there is a history of autism, mental retardation or developmental delay, and if the applicant is NOT excessive demand exempt, provide a specialist's report, from a pediatrician and/or clinical psychologist as appropriate, to describe:

- developmental history,
- psychometric testing including IQ testing and assessment of adaptive skills, associated behaviour disorders,

- specific diagnosis,
- school, vocational training, and /or work records,
- current and future treatment requirements / recommendations for speech therapy, occupational therapy, physical therapy, special education, or vocational training,
- current and future need for ongoing supervision or institutional care.

If there is a history of senility or dementia interfering with the applicant's activities of daily living and if the applicant is NOT excessive demand exempt, provide a complete assessment to include:

- duration and rate of progression of symptoms,
- diagnostic evaluation,
- treatment and management requirements, and
- a completed Mini Mental Status Questionnaire.

If the applicant is illiterate, and is NOT excessive demand exempt, then describe:

- the applicant's current adaptive life-skills,
- the applicant's capacity to communicate orally and through print,
- the applicant's counting skills and ability to use money,
- etiology of the illiteracy to include whether there is evidence of mental retardation or a learning disability, with results of psychometric tests,
- whether vocational training is required, and
- whether the applicant has any other condition or disability that would prevent or impair the applicant's ability to lead an independent life.

See: Appendix X - Adult's Global Assessment of Functioning Scale (GAF)
 Appendix XI - Assessment of Activities of Daily Living
 Appendix XII - The Mini Mental State Examination

Question 17: MEDICAL OR OTHER TREATMENT

When there is a positive response to the question, provide details.

Question 18: PREGNANT

If a female applicant is pregnant, record the date of the last menstrual period as well as the expected date of delivery.

Question 19: PREVIOUS IMMIGRATION MEDICAL EXAMINATION

If there is a history of previous immigration medical examination, the details from the applicant should include where and when the examination was done.

8. IMM 5419 - SECTION B - DECLARATION AND AUTHORIZATION OF APPLICANT

This declaration must be completed and signed by the applicant or the parent/guardian. This Section is very important because it authorizes the release of medical information on the client to Citizenship and Immigration Canada, and then allows the Citizenship and Immigration Canada to release medical information to public health agencies or physicians in Canada. If incomplete, the form will be returned to DMP for completion.

The applicant also declares the information provided on the form is correct.

9. IMM 5419 - SECTION C - EXAMINING DOCTOR'S FINDINGS

It is imperative that the physical examination of applicants be conducted in a manner respecting their privacy and dignity. The applicant's expectations should be respected and examinations done only with the expressed consent of the applicant.

An area of frequent concern is breast, vaginal and rectal examinations. Where an applicant declines to undergo such age-appropriate examination(s) by the DMP, referral to a physician, acceptable to the applicant, is necessary to obtain recent reports of such examinations.

An entry must be registered for all questions. If a part of the medical examination is not undertaken, please enter "NOT PERFORMED" and explain the reason.

EXAMINATION GUIDELINES FOR SECTION C:

Field 1 - WEIGHT, HEIGHT, VISION, HEARING

The weight and height of all applicants are required, as is the head circumference of infants 18 months old or less.

Notes: Children who are NOT excessive demand exempt, and whose height, or weight, or head circumference is below the third percentile, or if the head circumference is above the 95th percentile, require a pediatric assessment.

The hearing screening test is to measure the ability to hear a soft whispered voice in each ear starting a distance of six (6) meters or twenty (20) feet with the back turned to the examining physician. The distance at which the applicant can repeat two or more syllables, words or numbers should be recorded.

For hearing-impaired applicants, please clearly assess the communication skills used by the applicant, whether by lip reading, signing, reading or writing.

Note: If the applicant is NOT excessive demand exempt, a report from a specialist should be provided that outlines abilities and special needs such as specialists' assessments, speech therapy, hearing aids, surgery, etc.

Eye examination should include fundoscopic examination. Corrected visual acuity, with glasses if worn, is to be measured and recorded for both eyes using a Snellen's type test.

Notes: If the applicant is NOT excessive demand exempt, and there is evidence of glaucoma, iritis, cataracts, retinopathy, or other eye condition or disease, a report from an ophthalmologist should be provided.

Field 2 - EAR, NOSE, THROAT, MOUTH, TEETH

A high index of suspicion is necessary to detect malignant tumors of the nose, throat, and mouth. Signs such as unilateral nasal obstruction and discharge, leukoplakia, erythroplakia, and masses should be noted.

Note: If an abnormality suggestive of neoplasia is detected, and the applicant is NOT excessive demand exempt, a report from an otorhinolaryngologist should be provided.

Field 3 - ENDOCRINE SYSTEM

Endocrine disorders can cause a variety of signs such as central obesity, abnormal skin pigmentation, galactorrhea, gynecomastia, hirsutism, acromegaly, or thyroid nodules or enlargement, and must be assessed with good clinical judgement. A history of diabetes requires specific comments in the physical examination section to address the presence or absence of complications from the disease.

Field 4 - SKIN, LYMPH NODES AND BREASTS

Fully describe all skin and subcutaneous lesions. The presence of operative scars should be correlated with the applicant's response to their history of operations in question 1 of Section B of the IMM 5419. Lymph gland enlargement, when present, should be fully described and correlated if possible with regional conditions. Women must give their consent before breast examination. If consent is not given, indicate on the report "Breast Examination Not Done - Consent Denied". Referral to an appropriate physician, acceptable to the applicant, for a report on breast examination findings should be made.

Field 5 - CARDIOVASCULAR SYSTEM

Cardiovascular system examination includes an assessment of blood pressure, cardiac rhythm, location of the apex beat, cardiac auscultation including heart sounds and/or murmurs, peripheral pulses and any peripheral oedema. The blood pressure must be recorded for all persons over the age of fifteen (15) years, or where there is a history or sign of cardiovascular disease. If elevated, the reading should be repeated after rest.

Notes: If the applicant is NOT excessive demand exempt and a diagnosis of hypertension is confirmed, a serum creatinine, blood urea nitrogen, and electrocardiogram must be reported. If any of these tests are abnormal, or the hypertension is not controlled, then an appropriate specialist's report is required to assess hypertension plus target-organ damage.

If the applicant is NOT excessive demand exempt and there is evidence of significant cardiovascular disease, such as peripheral vascular disease, ischemic heart disease, arrhythmia, congestive heart disease, valvular heart disease, congenital heart disease, or aneurysm, then a full specialist's assessment and report on the condition is required.

Field 6 - RESPIRATORY SYSTEM

It is often very helpful to have the chest x-ray film and report on hand at the time of examination so that clinical findings can be correlated with radiologic findings. For smokers, a "pack-year" is the product of the number of packages of cigarettes smoked daily, and the number of years smoked (i.e. 1 pack a day for 20 years equals 20 pack-years).

Notes: If the applicant is NOT excessive demand exempt and there is evidence of Chronic Obstructive Pulmonary Disease or restrictive lung disease on examination or by x-ray, a specialist's report is necessary. This may include complete pulmonary function tests, and oxygen saturation at rest and with exertion.

If the applicant has suspect active or inactive pulmonary tuberculosis, appropriate investigation and treatment should be undertaken.

Field 7 - GASTROINTESTINAL SYSTEM

Examination seldom provides evidence of disease, but it remains essential to identify operative scars, ileostomy or colostomy sites, hepatomegaly or splenomegaly, hernias, and any abdominal masses. Rectal examination is required for applicants more than 50 years old.

Field 8 - UROGENITAL SYSTEM

Urogenital system examination must include a rectal examination in men over 50 years, and a vaginal examination on women over 35 years old. If they prefer, female applicants may provide written results of a recent Papanicolaou smear and bimanual examination from their own physician or gynecologist.

Field 9 - LOCOMOTOR SYSTEM / PHYSICAL BUILD

Appropriate clothing must be removed sufficient to reveal the habitus and physical characteristics of the applicant. The presence of a limp, any congenital or acquired deformities, and limitations in movement must be noted. The back must be examined for signs of scoliosis, ankylosing spondylitis, and degenerative disease. Both the upper and the lower extremities must be carefully examined, especially if there is any suggestion of disease through a history of previous joint surgery, or there is a history of pain or stiffness in the shoulder, wrists, hands, hips, knees or ankles, or if the applicant is taking medication such as non-steroidal anti-inflammatory drugs, or has problems with activities of daily living such as bathing, dressing, walking, climbing stairs or getting into automobiles. Any abnormality on inspection, palpation, and active and passive movement of the joints must be documented.

Notes: For disabled applicants and those applicants more than 60 years of age, an assessment of mobility and self-care capacity is essential.

If the applicant is NOT excessive demand exempt, and a significant locomotor problem is identified, provide appropriate radiographs, a completed Activities of Daily Living form (see Appendix XI), and a complete report from an orthopedic surgeon or rheumatologist to include disease stability or progression, current and proposed medication, and expected requirements for surgery, assistive devices, and physical therapy.

Field 10 - INDICATION OF ANY SUBSTANCE ABUSE

Substance abuse is a serious problem with potential for danger to public safety as well as significant demand on health and social services. The CAGE questionnaire is a useful tool for screening individuals at increased risk for alcohol abuse. It asks four questions:

- Have you ever felt that you should Cut down on your drinking?
- Have people ever Annoyed you by criticizing your drinking?
- Have you ever felt bad or Guilty about drinking?
- Have you ever taken a drink first thing in the morning (Eye-opener) to steady your nerves or get rid of a hangover?

If two or more of these questions are answered Yes, OR if alcohol consumption is

- greater than 14 drinks per week or more than 4 per occasion for men, or
- greater than 7 drinks per week or more than 3 per occasion for women,

then a detailed assessment of their substance-related abuse or dependence status is necessary. This specialist's assessment report must include the clinical history, assessment for end-organ changes on physical, cognitive and laboratory examination, reports from relevant investigations, the diagnosis including Axis V Global Assessment of Functioning score, history of abstinence and an opinion on prognosis.

Field 11 - NERVOUS SYSTEM

Nervous system disorders are detected through a careful examination of the sensory and motor function and reflexes.

- Assess whether the applicant has been unable to attain levels of personal independence and social responsibility expected of persons of equivalent age in their cultural setting. In school age children, questions on school performance can help to raise a flag for possible learning disorders, behaviour disorders, developmental delay or mental retardation.
- Evidence of developmental delay or mental retardation in pre-school children can be sought through office observation combined with reports from the child's parent or caregiver. A chart of early childhood development, included as Appendix XIII, provides a simple guide to some of the milestones.
- If there is evidence of a memory deficit, sufficient to interfere with normal activities, a Mini-Mental State Examination, included as Appendix XII, should be done to screen adults for dementia.

Notes: If the applicant is NOT excessive demand exempt and there is evidence of a significant neurologic disorder, then a full specialist's assessment should be requested.

If the applicant is NOT excessive demand exempt and there is evidence of autism, developmental delay, a learning disorder, mental retardation, or dementia, then a specialist's assessment and report should be requested.

Field 12 - PHYSICAL OR MENTAL CONDITION

If there is evidence on examination of a significant personality disorder, mental illness, or substance abuse, a specialist's report must be submitted.

Note: If the applicant is NOT excessive demand exempt and there is evidence of a physical disability, not otherwise reported, that would affect the applicant's ability to earn a living, to take care of himself/herself, or to adapt to a new environment, then an appropriate specialist's report must be submitted.

Field 13 - PERSONAL/FAMILY HISTORY RELATING TO ORGAN TRANSPLANTATION OR DIALYSIS

Seek information on personal or family history of conditions that might reasonably lead to a future requirement for organ transplantation or dialysis such as a family history of polycystic kidney disease or of Alport's Syndrome.

Field 14 - PAST HISTORY OF CANCER

Provide details of findings.

Field 15 - ALCOHOL USAGE AND RELATED PROBLEMS

Provide details.

Field 16 - CLOSE CONTACT WITH TUBERCULOSIS

Provide details. Where there is a history of close contact with an active case, tuberculosis skin testing (Mantoux) should be performed.

SUMMARIZE ABNORMALITIES, PROVIDE PROGNOSIS AND DECLARATION OF DMP: These sections must be completed and the DMP stamp applied.

10. IMM 5419 - SECTION D - LABORATORY REQUISITION

The Applicant's Declaration must be signed by the applicant, or by parent/guardian.

A photograph of the applicant must be attached to the form and confirmation of identification given by stamping the upper right corner of the photograph with the DMP stamp. This allows the person collecting the blood or laboratory specimen to confirm that the sample was collected from the applicant to prevent fraudulent substitution.

It is the responsibility of the DMP to select a reliable laboratory service. If the laboratory specimens are not taken at the DMP's office, the DMP must ensure that the laboratory uses the request form to properly identify the person as the applicant, takes and confirms that the sample was collected from the identified individual, and then returns the completed form, with results, directly to the DMP.

10.1 A URINALYSIS is required of all applicants five years of age and older. Female applicants should not be menstruating.

If the applicant is NOT excessive demand exempt, and there is persistent hematuria of greater than 5 red blood cells per high power field on two urine specimens taken on separate days, submit a report from a urologist or nephrologist.

If the applicant is NOT excessive demand exempt, and there is persistent proteinuria greater than "trace" on two urine specimens taken on separate days, serum creatinine and a 24 hour collection of urine for total protein and creatinine clearance are required. If any of these tests are abnormal, then a report from a nephrologist is required.

10.2 SYPHILIS SEROLOGY is required of all applicants 15 years and older. A positive non-treponemal test, such as a VDRL, must be confirmed with a treponemal-specific test, such as a FTA-ABS. If the specific treponemal screening test for syphilis is unavailable or positive, then treatment in accordance with Canadian STD Guidelines is required and must be documented in the report. Excerpts on syphilis testing and treatment from the *Canadian STD Guidelines (1998)* are included as Appendix XIV.

10.3 SERUM CREATININE is required if the applicant is NOT excessive demand exempt and there is a history or finding of hypertension (applicants 59 years of age or less – BP 140/90; applicants 60 years and over – BP 160/90), diabetes, autoimmune disorder, persistent proteinuria, or kidney disorder.

10.4 HIV testing is required for applicants 15 years of age and older, children who have received blood or blood products, or have a known HIV positive mother and all potential adoptees or where a risk factor is identified - this should be noted in IMM 5419 Section C Summary/ Prognosis.

It is considered the standard of medical practice and an obligation, that a DMP counsel individuals having an **HIV** test, both before and after the results are available. More information is available in Appendix XV, which includes a section on HIV Serology Interpretation. See also Appendix XVI - HIV Pre-Test Counselling and Appendix XVII - HIV Post-Test Counselling which provide an overview of issues/actions to be considered.

An **ELISA test for HIV 1 and HIV 2** should be done initially. If positive, another ELISA test on the same blood sample should be performed.

If the applicant is NOT excessive demand exempt, and the two ELISA screening tests are positive, these results must be confirmed with a test like the Western Blot or, where the Western Blot is not available, by a third ELISA test by a different manufacturer. If the confirmatory test is negative, then the test should be repeated in 3 months. If the confirmatory test is positive, then a CD4 count should be obtained. Positive HIV tests should also prompt testing for hepatitis.

A child identified as HIV positive should also have a tuberculin skin test and a chest x-ray performed, whether excessive demand or not.

Concern regarding **risks to public health or safety** will continue to be most important in assessing a migrant's admissibility to Canada. HIV is not readily transmitted and is usually not considered a significant public health risk to the general public in Canada. However, those individuals with HIV who would refuse to practice safe sex, who would actively conceal from their partners that they are infected, and those who would purposely seek to infect others may be considered a risk to public health and public safety. In reporting the results of HIV positive individuals, **it is very important that you provide your opinion regarding the applicant's understanding of risk-reduction strategies and to report (Section C Summary/Prognosis) those applicants whose behaviour may present a danger to others.**

For applicants who are **HIV** positive and either a **spouse, or a common-law partner, or a conjugal partner of a Canadian sponsor**, post-test counselling **must** include a recommendation that the applicant inform their partner of their HIV status.

After completing post-test counselling, the DMP will then ask the applicant to sign the CIC form **Acknowledgement of HIV Post-Test Counselling** (see Appendix XVIII) and include this form with the Medical Report forms sent to the Regional Medical Office.

11. IMM 5419 - SECTION E - CHEST X-RAY REPORT

The Applicant's Declaration must be signed by the applicant or by the parent/guardian.

A photograph of the applicant must be attached to the form and confirmation of identification given by stamping the upper right corner of the photograph with the DMP stamp. This allows the radiographer to confirm that the chest x-ray taken is of the intended applicant. The radiographer must certify that the x-ray was of the person whose photograph and signature are on the form.

A routine chest x-ray is required for all applicants aged 11 years or older. A chest x-ray is also required for children under 11 years of age if they have a personal history of tuberculosis, a history of close contact with a case of active tuberculosis, or are HIV positive.

A chest x-ray is required for children under 11 years of age with congenital or acquired heart disease or serious lung disease, only if they are NOT excessive demand exempt.

A woman of reproductive age should be asked the date of her last menstrual period to assess whether or not she is pregnant. Should the possibility of pregnancy exist, and after appropriate counselling, the applicant should determine whether she wishes to undergo chest x-ray examination or to defer it. The decision is totally the applicant's and no recommendation should be made by the DMP.

If the applicant declines to undergo a chest x-ray on account of the pregnancy, then a chest x-ray should be obtained and submitted after delivery, appreciating that this will delay the immigration medical assessment process. If the applicant elects to undergo an x-ray examination, abdominal shielding must be used.

The DMP is responsible for selecting appropriate radiology clinics that:

- will comply with the administrative requirements to accurately complete the form and prevent fraudulent substitution,
- will photographically inscribe or write in permanent ink the date of examination and the full name of the applicant on each x-ray, and
- are able to provide high quality x-rays and accurate assessments.

A radiologist must assess the chest x-ray for both general radiologic findings as well as for specific findings related to tuberculosis and complete subsections 3, 4, and 5 of the Chest X-ray Report form providing, when indicated, amplifying comments. DMPs and Radiologists should understand that for Canadian immigration purposes, lesions which could represent inactive Tuberculosis are of particular interest, even if they are of minimal current clinical relevance.

APPENDIX X

Adult's Global Assessment of Functioning Scale (GAF)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations. Use intermediate codes when appropriate, e.g., 45, 68, 72.

Rating on the GAF Scale should be made for two time periods:

1. Current - the level of functioning at the time of the evaluation.
2. Past year - the highest level of functioning for at least a few months during the past year

- 90** Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 80** If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
- 70** Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
- 60** Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).
- 50** Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (no friends, unable to keep a job).

- 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed individual avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 30 Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (stays in bed all day; no job, no friends).
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain personal hygiene OR serious suicidal act with clear expectation of death.
- 0 Inadequate information.

APPENDIX XI

Assessment of Activities of Daily Living

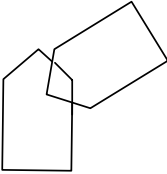
Applicant Name:			File No.:	
	Note performance without help		Note degree of assistance	
	With ease, no devices, no prior preparation	With difficulty, or with device or prior preparation	Some help	Totally dependent
Feed/Drink				
Dress Upper body				
Dress Lower Body				
Don Brace/Prosthesis				
Wash/Bathe				
Perineum (at toilet)				
Sphincters Control	Note control without help:		Note frequency of accidents:	
	Complete, voluntary	Control, but with urgency, or use of cath, appl, supp.	Occasional, some help needed	Frequent or much wet/soil
Bladder Control				
Bowel Control				
Mobility/Locomotion	With ease, no devices, no prior preparation	With difficulty, or with device or prior preparation	Some help	Totally dependent
Transfer Bed				
Transfer Chair/Wheelchair				
Transfer Toilet				
Transfer Tub/Shower				
Transfer Automobile				
Walk 50 yards – Level				
Stairs, Up/Down 1 floor				
Walk Outdoors-50 yards				
Wheelchair-50 yards				
N.B. In the context of the functional assessment, devices include such things as feeding cuffs, special cutlery/dishes, dressing aides, transfer boards/poles.				
Communication	Full	Moderate	Minimal	Null
Comprehension				
Expression				
Social Cognition				
Social Interaction				
Memory				
Conclusion	Intact	Limited	Helper	Null
Self-Care				
Current residence				
Own Home	Relative's home	Personal care Home	Hospital	Other (specify)
Time at above: _____ years _____ months				
Current Caregiver _____			Designation _____	
Signature of Examining Physician _____ Date: _____ Day / Month / Year				

(99-11-25)

APPENDIX XII

The Mini Mental State Examination

Patient's Name: _____		Date of visit _____
Orientation	Score	Maximum score
What is the year?	_____	5 (1 for each)
What is the season?	_____	
What is the date?	_____	
What is the day?	_____	
What is the month?	_____	
Where are we? Province	_____	5 (1 for each)
Country	_____	
Town	_____	
Hospital/Building	_____	
Floor/Office	_____	
Registration		
Examiner: Name three objects: 1 second to say each. Then ask the patient all three after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all three. Count trials and record. Trials _____	_____	3
Attention & Calculation		
Serial 7s. 1 point for each correct. Stop after 5 answers. 100__93__86__79__72__65__ Alternatively, spell "world" backwards DLROW	_____	5

Recall		
Ask for the 3 objects above. Give 1 point for each correct.	_____	3
Language		
Name a pencil and a watch (2 points)	_____	9
Repeat the following: "No ifs, and or buts." (1 point)	_____	
Follow a three-stage command: "Take a paper in your right hand, fold it in half and put it on the floor". (3 points)	_____	
Repeat and obey the following: Close your eyes (1 point)	_____	
Write a sentence (1 point)	_____	
Copy the design (1 point)	_____	
		
Total score _____ / 30		
Interpretation		
26-30 "Normal" cognitive function 20-25 mild to moderate cognitive impairment Less than 20 moderate to severe cognitive treatment		
Name and address of examining physician:		
Signature:		Date:

99-11-24

It is important to establish rapport and insure the patient is comfortable before administering the test.

ORIENTATION — Each question can be repeated a maximum of three times and patients are allowed 10 seconds for each reply. Only exact answers are acceptable for all questions except for those on the date, month, and season. A point can be scored for a response indicating the previous or following date, while during the transition period of seasons, either season is acceptable. On the first or last day of a month, a response of either month should be scored correct.

REGISTRATION — The patient is asked to repeat the names of three objects. A point is given for each correct reply on the first attempt. If all three words are not repeated, the examiner may repeat these until they are learned, to a maximum of six times. Tell the patient that he or she must try to remember these objects because they will be asked to repeat them.

ATTENTION CONCENTRATION — The examiner can choose to ask the patient to perform one of two tasks: either to serially subtract 7s starting at 100, or to spell a five-letter word like "world" backwards. If the patient fails the test, the alternative can not then be offered. For spelling "world" backwards, the score awarded is for the number of letters given in the correct order.

RECALL — The patient is told to repeat the three object he or she was previously asked to remember.

LANGUAGE — The patient is shown a wristwatch and a pencil, and is asked to name these objects. The repetition of a phrase like "No if, ands or buts" must be exact to be scored. The patient is shown the command "close your eyes" written in large letters and asked to do what it says. The patient may be reminded to do what it says. For the three-stage command, give the command as a single exercise and not as three sequential one-step commands. The patient is allowed 30 seconds to complete the task and awarded one point for each completed element.

CONSTRUCTIONAL ABILITY — A point is scored when the drawing consists of two five-sided figures whose overlap forms a four-sided figure.

No comments should be made during this exam on the accuracy of answers given and no non-verbal clues should be displayed.

APPENDIX XIII

Chart of Early Childhood Development

1-2 Months of Age

Activities to be observed on exam		Activities related by parent or caregiver	
Holds head erect and lifts head		Recognizes parents	
Regards faces and follows objects through visual field		Engages in vocalizations	
Becomes alert in response to voice		Smiles spontaneously	

3-5 Months of Age

Activities to be observed on exam		Activities related by parent or caregiver	
Grasps cube - first ulnar then later thumb opposition		Laughs	
Reaches for and brings objects to mouth		Anticipates food on sight	
Plays at making sounds		Turns from back to side	
Sits with support			

6-8 Months of Age

Activities to be observed on exam		Activities related by parent or caregiver	
Sits alone for a short period		Rolls from back to stomach	
Reaches with one hand		Is inhibited by the word <i>No</i>	
First scoops up a small object then grasps it using thumb opposition			
Imitates "bye-bye" and babbles			
Passes object from hand to hand in midline			

9-11 Months of Age

Activities to be observed on exam	Activities related by parent or caregiver
Stands holding on	Walks by supporting self on furniture
Imitates pat-a-cake and peek-a-boo	Follows one-step commands eg., Come here or Give it to me.
Uses thumb and index finger to pick up small object	

1 Year of Age

Activities to be observed on exam	Activities related by parent or caregiver
Walks independently	Points to desired object
Says <i>mama</i> and <i>dada</i> with meaning	Says 1 or 2 words
Can use a neat pincer grasp to pick up a small object	
Releases cube into cup after demonstration	
Gives toy on request	

18 Months of Age

Activities to be observed on exam	Activities related by parent or caregiver
Builds tower of 3 - 4 cubes	Walks up and down stairs
Throws ball	Says 4 - 20 words
Scribbles spontaneously	Understands a two-step command
Seats self in chair	Carries and hugs doll
Dumps small objects from bottle	Feeds self

24 Months of Age

Activities to be observed on exam	Activities related by parent or caregiver
Speaks short phrases, 2 words or more	Verbalizes toilet needs
Builds tower of 6-7 cubes	Turns pages of book singly
Points to named objects or pictures	Plays with domestic mimicry
Stands on either foot alone and Jumps off floor with both feet	Pulls on simple garment

30 Months of Age

Activities to be observed on exam	Activities related by parent or caregiver
Walks Backward & Begins to hop on one foot	Helps put things away
Holds crayon in fist - Copies a crude circle	Puts on clothing
Points to objects described by use	Carries on a conversation
Refers to self as I	

3 Years of Age

Activities to be observed on exam	Activities related by parent or caregiver
Holds crayon with fingers, copies circle	Dresses with supervision
Builds tower of 8 cubes and imitates 3-cube bridge	
Gives first and last name	

3-4 Years of Age

Activities to be observed on exam	Activities related by parent or caregiver
Climbs stairs with alternating feet	Feeds self at mealtime
Begins to button and unbutton	Takes off shoes and jacket
Responds to command to place toy in, on, or under table	
Knows own sex	
Gives full name	

4-5 Years of Age

Activities to be observed on exam	Activities related by parent or caregiver
Runs and turns without losing balance	Self-care at toilet
May stand on one leg for at least 10 seconds	Dresses self except for tying shoes
Buttons clothes	
Knows the days of the week	

APPENDIX XIV

Laboratory Diagnosis of Syphilis

Appendix XIV to XVII are excerpted from *The Canadian STD Guidelines 1998* available in full on-line at: www.hc-sc.gc.ca/pphb-dgspsp/publicat/std-mts98/index.html

Serology

- non-treponemal tests such as VDRL, RPR, ART, RST, EIA and TRUST become positive 1 to 4 weeks after appearance of primary chancre, 6 weeks after exposure.
- treponemal-specific tests such as *Treponema pallidum* particle agglutination (TP-PA), MHA-TP and FTA-ABS usually become reactive before RPR (see *Laboratory Diagnosis of Syphilis*, page 65).

Non-treponemal tests

- first line tests used for screening; detect antigens that are NOT specific to treponemes. Tests include: venereal disease research laboratory test (VDRL), rapid plasma reagin test (RPR), automated reagin test (ART), toluidine red unheated serum test (TRUST), reagin screening test (RST) and enzyme immunoassay (EIA).

Advantages:

- rapid and technically simple
- VDRL test is useful for evaluation of CSF
- useful as indicator of re-infection
- can quantitate the degree of reactivity and follow the adequacy of treatment by a decrease in titre

Disadvantages:

- a delay of 1 to 4 weeks between time of development of the primary chancre and detection of antibody
- false-positive results owing to non-specific cross reactivity (see table page 67)
- false-negative results in up to 40% of cases of primary syphilis and 25% of cases of untreated late latent syphilis.

Treponemal-specific tests

- supplemental tests used for confirming non-treponemal test results; measure antibodies to cellular components of treponemes. Tests include: Treponema pallidum particle agglutination test (TP-PA), fluorescent treponemal antibody absorption test (FTA-ABS), and microhemagglutination for Treponema pallidum (MHA-TP).

Advantages:

- confirmation of non-treponemal test results
- FTA-ABS is highly sensitive and the first serologic test to give a positive result in infectious syphilis.

Disadvantages:

- cross reaction with non-venereal treponematoses (i.e., yaws, pinta and non-venereal syphilis)
- not beneficial in the evaluation of CSF
- not useful for assessing response to treatment or monitoring re-infection.

Treatment

Stage	Preferred Treatment	Alternative Treatment for Penicillin Allergic Patients ^(a)
Primary, secondary, latent < 1 year duration	For youth and adults: <ul style="list-style-type: none"> ■ benzathine penicillin G 2,4 million U IM in single session. 	For youth and adults: <ul style="list-style-type: none"> ■ doxycycline 100 mg orally bid for 14 days.
	For children (not congenital syphilis): <ul style="list-style-type: none"> ■ benzathine penicillin G 50 000 U/kg IM (up to maximum of 2,4 million U) in a single session. 	For children < 9 years and pregnant women: <p>Preferred:</p> <ul style="list-style-type: none"> ■ desensitization and use of penicillin (see page 156). <p>Alternative:</p> <ul style="list-style-type: none"> ■ erythromycin 40 mg/kg/day orally in divided doses (max. 500 mg per dose) for 14 days^(b).
Latent > 1 year duration, including cardiovascular	<ul style="list-style-type: none"> ■ benzathine penicillin G 2,4 million U IM weekly for 3 successive weeks. 	<ul style="list-style-type: none"> ■ as above except that therapy should be administered for 28 days.
Neurosyphilis	<ul style="list-style-type: none"> ■ crystalline penicillin G 3-4 million U IV 4 hourly (16-24 million U/day) for 10-14 days. 	

Notes:

a) Penicillin allergic patients administered doxycycline/erythromycin must be followed carefully to ensure therapeutic success.

b) Erythromycin dosages refer to use of erythromycin base. Equivalent dosages of other formulations (EXCEPT that estolate is contraindicated in pregnancy) may be substituted

Special Considerations

HIV infection

- PERSONS INFECTED WITH HIV MAY REQUIRE LONGER THERAPY AND/OR HIGHER DOSES AND CLOSER FOLLOW-UP.
- most experts suggest that HIV-infected patients with early syphilis should receive benzathine penicillin G 2,4 million U IM weekly for 3 successive weeks.

Pregnancy

- all women not previously treated should receive penicillin appropriate to their stage of disease.
- re-treatment during pregnancy is unnecessary unless there is clinical or serologic evidence of new infection (a 4-fold rise in non-treponemal test titre) or history of recent sexual contact with a person with early syphilis.
- erythromycin should only be utilized when penicillin allergy is reported and skin testing for penicillin allergy and desensitization is not possible. If erythromycin is used the infant should be managed at birth as if born to an untreated mother.
- pregnant women receiving treatment should be advised to seek medical care if any decrease in fetal movements occur; they need not be hospitalized routinely.

HIV Testing

HIV Serology Interpretation

HIV antibody test results are reported as: reactive, non-reactive or indeterminate:

Confirmed repeatedly reactive results:

- indicate the presence of HIV antibodies which is the result of HIV infection or passive transmission from mother to infant.
- a person who tests as antibody positive should be re-tested using a second sample.

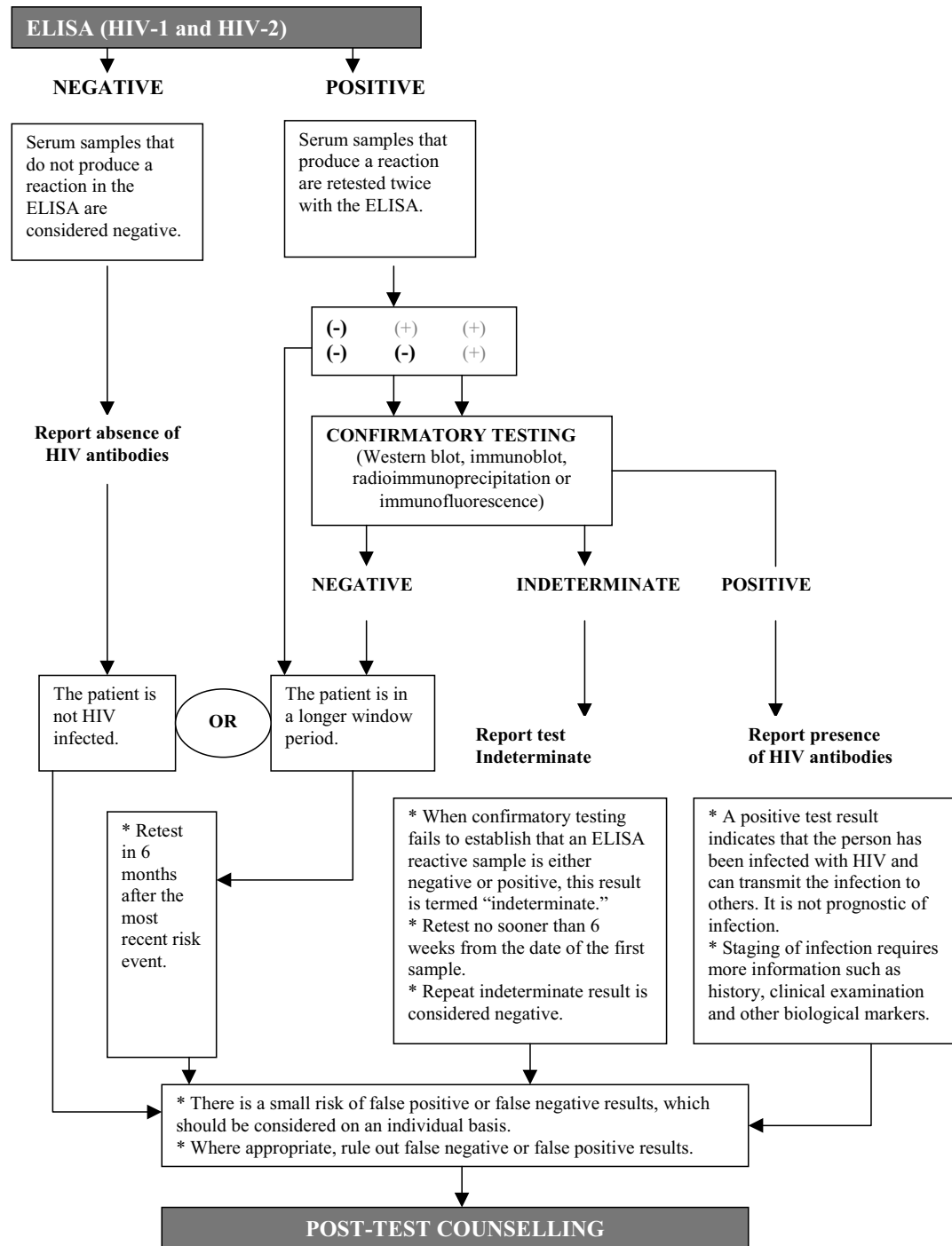
Non-reactive results:

- indicate the absence of HIV antibodies
- a person in the “window” period (between the initial infection and the detection of antibodies) may test antibody negative.

Indeterminate results:

- indicate that screen test is repeatedly reactive BUT the confirmatory test yields results that are neither positive nor negative
- a person with indeterminate results should be re-tested after a 3 to 6 month interval.

Interpretation of HIV testing^(a)



(a) Excerpted from *Counselling Guidelines for HIV Testing* with permission of Canadian Medical Association.

HIV Pre-test Counselling

Pre-test and Post-test Counselling

Counselling will have to be age appropriate and individualized to the patient being tested.

Pre-test counselling discussion for HIV infection

- Clarify:
- confidentiality of HIV testing and counselling.
 - testing options available (i.e., nominal, non-nominal, anonymous).
 - the test is for antibodies to HIV; NOT a test for AIDS.
 - the majority of persons produce detectable antibodies within 3 months.
 - a non-reactive or negative test may mean:
 - no infection, OR
 - too soon to detect antibodies.
 - a positive test means:
 - infection with HIV
 - person is infectious to others through unprotected sexual contact, blood or breast milk.
 - an indeterminate result means another test needs to be performed.
 - HIV is NOT casually transmitted through sweat, saliva or tears.

Transmission risks are:

- direct blood to blood contact
- sharing needles or syringes
- sexual contact: anal sex (very high risk); vaginal sex (high risk); oral sex (low risk)
- infected mother to child during pregnancy, at birth or via breast milk
- recipient of blood or blood products in Canada before November 1985 (elsewhere risk will vary depending on testing of donated blood).

- Discuss:
- specific risks, sexual and otherwise.
 - if pregnant: discuss availability of therapy to decrease the risk of mother-to-child transmission (decreased by 80%).
 - whether future testing will be necessary.
 - risk reduction behaviours:
 - consistent use of latex condoms
 - avoidance of casual/anonymous/unprotected sex
 - no sharing of needles, syringes or injection drug use equipment.
- Explore:
- psychological implications of testing:
 - coping mechanisms for either result; support systems available (personal, community, medical) should be known.
- Explain:
- the need to return for test result and schedule the post-test counselling visit
 - obtain agreement for follow-up if patient fails to return.
 - post-test counselling procedure.
 - partner notification and reporting requirements for HIV infection (depends on jurisdiction and availability of anonymous testing).

HIV Post-Test Counselling

Post-test Counselling for HIV infection

Non-reactive or negative results:

- interpret:
 - no infection or
 - risks within the past 3 months dictate re-testing is necessary 3 months after last possible exposure.
- reinforce risk reduction:
 - avoid high-risk activities
 - avoid needle/syringe sharing
 - use lubricated latex condoms with safer sex practices.

Reactive or positive results:

- interpret:
 - infected with HIV, not diagnostic of AIDS
 - explained that confirmation tests to rule out false-positives have been performed.
- first priority:
 - deal with the issues important to the infected person
 - discuss coping and support systems
 - discuss benefits of early treatment and follow-up. Further medical support, immune testing, HIV viral load testing, and counselling are required.

- deal with soon:
 - partner notification (by self or public health unit)
 - infectivity (reinforce mechanisms of transmission, high- and low-risk behaviours)
 - specific guidance for HIV transmission avoidance:
 - protection of others from blood, body fluids, sexual secretions
 - avoid donating blood, organs, tissue, sperm, breast milk
 - inform family physician and consider informing other health care providers (e.g., dentist).

- medical care:
 - screen for syphilis, hepatitis B, tuberculosis, other STDs
 - referrals where required
 - discuss health-enhancing lifestyle modifications, empowerment
 - discuss issues of confidentiality in the health care system, community and at school or work.

Acknowledgment of HIV Post-test Counselling

This is to acknowledge that I received HIV post test counselling from (name of counsellor) on several topics related to my HIV positive condition including an explanation of the test results, risk-reduction strategies which included partner notification and a discussion on follow-up and care.

Applicant's Signature

Counsellor's Signature

Signed at _____ this _____ day of _____ 200 ____ .