



MEDICAL REPORT CLIENT BIODATA AND SUMMARY

Required for all clients.
Must be taken within six
months of the medical
examination.

CLIENT INFORMATION			
Family name		Given name(s)	
Date of Birth yyyy-mm-dd		Country of Birth	Gender
Address			
E-mail Address		Telephone no.	
IMMIGRATION DETAILS			
IMM Type: UCI: Application no.		IME no:	
IMMIGRATION MEDICAL EXAMINATION GRADING			
<input type="checkbox"/> A. No significant abnormal history or abnormal findings present.		<input type="checkbox"/> B. Significant abnormal history and/or significant abnormal findings present.	
Comments: 			
PANEL PHYSICIAN DECLARATION			
Valid identity document (passport/national ID) sighted? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have identity concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please provide details: 	
I confirm that this immigration medical examination and report is a true and accurate record of my findings.			
Panel Physician name		Panel Physician signature	
Panel Physician no.		Date of IME submission yyyy mm dd	

Medical Report Form Imm 1017

Lei Huang

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the name bar.

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