IMPORTANT MEDICAL INFORMATION

Date: _____
(YYYY-MM-DD)

Instructions to Panel Physician

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

UCI: _____

IME number: _____

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

Mr./
Mrs. _____
Name of person treated

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

The following is the treatment you have received:

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

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

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

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

Syphilis information

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

http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/syphilis-eng.php.

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