



MEDICAL CONDITION QUESTIONNAIRE

Note to clients: Please fill out the sections that pertain to your condition.

PART A - TUBERCULOSIS

1. Have you been diagnosed with tuberculosis in the past year? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been treated for tuberculosis in the past year? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you lived in the same household with any family or friends that have been diagnosed with tuberculosis in the past year? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please provide any additional information that could be relevant	

PART B - DIALYSIS

1. Are you currently on dialysis? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you require dialysis treatment while you are in Canada? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you made arrangements for dialysis treatment for the time you will be in Canada? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide documentation that specifies the following:	
<ul style="list-style-type: none">• Confirmation of acceptance at a Canadian dialysis centre• Proof of sufficient funds for treatment• Dates of coverage• Name of service provider	
4. Please provide any additional information regarding your treatment that could be relevant	

PART C - CANCER TREATMENT

1. Have you been treated with chemotherapy and/or radiotherapy in the past six (6) months? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you require chemotherapy and/or radiotherapy while you are in Canada? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Please provide any additional information regarding your treatment that could be relevant	

PART D - OTHER MEDICAL CONDITIONS AND NO HEALTH INSURANCE

1. Please specify your medical condition
2. Please provide additional details regarding dates and course of treatment while in Canada
3. Please provide any additional information that could be relevant