

Panel Members Handbook

- EXCERPT -

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Chapter 4: Immigration Medical Examination (IME)

This chapter provides panel members with a step-by-step method for completing an IME and associated forms.

The IME consists of a medical history, physical examination, age-specific laboratory tests, and age-specific chest x-ray.

Mandatory age-specific laboratory and radiologic tests include:

1. Urinalysis – clients ≥ 5 years
2. Chest x-ray (postero-anterior view) – clients ≥ 11 years
3. Syphilis – clients ≥ 15 years
4. HIV – clients ≥ 15 years

With the launch of eMedical, the IME will be conducted, where technologically feasible, in a Web-based computer program designed for the electronic recording, transmission, processing and temporary storage of the IME and its associated results.

Panel members performing IMEs in a region where eMedical has been implemented must use the system to complete and submit all IMEs. Designation as a panel member is dependent on the ability to use the eMedical system. Only in the event of a system outage should paper IMEs be used by eMedical-enabled panel members.

Differences between the paper process and the eMedical process have been pointed out throughout this chapter.

IME paper forms have been redesigned to ensure consistency between eMedical IMEs and paper-based IMEs.

NB: Please refer to the eMedical User Guide and Quick Reference Guides for instructions on how to complete all IME-related activities in eMedical. These are posted on the CIC Panel Physician Web page at <http://www.cic.gc.ca/english/department/partner/pp/index.asp>.

4.1 Verification of identity

4.1.1 Client identity confirmation

Client photographs are essential for ensuring that there is no substitution at any time during the lifecycle of the IME and that the person who undergoes the IME is the same person who is applying for entry to Canada. Photographs must be attached and submitted with the IME whether the IME is completed in eMedical or on paper.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • A live digital photograph of the client is taken in the clinic and uploaded in eMedical. • Photographs must meet CIC standards: http://www.cic.gc.ca/english/pdf/photosp-ecs-e.pdf . • The eMedical system will include the photograph on all requisitions and referrals (laboratory, radiology, specialists and others). 	<ul style="list-style-type: none"> • The client must provide four photographs to the panel clinic. • Photographs must meet CIC standards: http://www.cic.gc.ca/english/pdf/photosp-ecs-e.pdf . • If the photographs do not meet the specifications, please ask the client to provide new photographs before their IME can be completed. • A photograph must be attached to the Medical Report (IMM 1017) and to the laboratory and radiology requisitions/report forms. • The photograph on the Medical Report (IMM 1017) must be stamped in the top right corner with the panel physician's ID stamp.

4.1.2 Identity documents

The client must submit a passport or other government-issued photo identification document to the panel member. These documents must be original. Photocopies, whether certified or not, are not acceptable.

Approved identification documents include the following:

- Original passport
- National ID Card
- Refugee travel document
- Red Cross travel document
- UN laissez-passer
- Seaman's Book
- OAS travel document
- Refugee Protection Claimant

Important: To ensure the integrity of the IME process, the same identity document must be used for all components of the IME, including laboratory, radiology and specialist referrals. The panel physician must inform the client accordingly.

4.1.3 Identity concerns

If the client provides personal details that seem inconsistent with the information on the submitted identity documents, panel members must identify the concern in the eMedical system or on the Medical Report (Client Summary and Biodata) for paper-based IMEs. A copy of the identity document of concern should be attached to the IME.

- For a paper-based IME, photocopies of the identification document concerned must be attached to the IME and submitted to CIC.
- For an IME performed within the eMedical system, the documents must be scanned and attached to the health case. The document will be submitted to CIC once the IME is completed.

Panel members should complete the IME according to customary procedures. CIC will investigate the concern about the client’s identity.

4.2 Client Consent and Declaration

Link to [Client Consent and Declaration](#)

Completion of the Client Consent and Declaration Form is **mandatory** for all clients. If the client is under 16 years of age or is unable to provide consent (because of reduced mental capacity, for example), a parent or guardian may provide consent on his/her behalf.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<p>The eMedical Client Consent and Declaration Form includes the following:</p> <ul style="list-style-type: none"> • Declaration that all information provided during the IME is true, correct and complete; • Declaration understanding that the IME information will be collected and temporarily stored on segregated databases located in Australia; and • Consent for the collection and release of IME information related to the administration of Canada’s <i>Immigration and Refugee Protection Act</i> or to protection of the health and safety of Canadians. 	<p>The Client Consent and Declaration Form for paper-based IMEs include the following:</p> <ul style="list-style-type: none"> • Declaration that all information provided during the IME is true, correct and complete; and • Consent for the collection and release of IME information related to the administration of Canada’s <i>Immigration and Refugee Protection Act</i> or to protection of the health and safety of Canadians.

If a client does not give consent, the IME cannot be carried out and the panel physician must notify the responsible RMO.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • eMedical will enter the client information on the Consent and Declaration Form beforehand. • The form should be printed from eMedical and provided to the client. • Clinic staff or a panel member should review the Consent and Declaration Form with the client and answer any questions. • The client (or parent/guardian) must sign and date the document. • The form must be scanned and uploaded to eMedical. • The IME cannot be submitted without the Client Consent and Declaration Form appended. 	<ul style="list-style-type: none"> • Clinic staff must print and provide the form to the client. • Clinic staff or a panel member should review the Consent and Declaration Form with the client and answer any questions. • The client (or parent/guardian) must sign and date the document. • Clinic staff must attach the form and submit it along with the IME. • The IME must not be submitted to the RMO without a completed consent and declaration form.

4.3 Medical Report: Client Biodata and Summary (IMM 1017)

CIC has implemented one standard form, the Medical Report: Client Biodata and Summary (IMM 1017), for all immigration categories. This form displays the following:

- Client information (biodata);
- Immigration information;
- IMM Type: EDE; Non EDE; Refugee-Overseas
- IME grading; and
- Panel Physician Declaration.

The Medical Report (IMM 1017) issued by CIC includes information on the type of immigration category (IMM Type):

- Excessive Demand Exempt (EDE);
- Non-Excessive Demand Exempt (Non-EDE); and
- Refugee-Overseas.

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EDE	Non-EDE	Refugee– Overseas
<p>EDE clients are those who are exempted from assessment of excessive demand on the Canadian health care system.</p> <p>However, EDE clients are assessed for</p> <ul style="list-style-type: none"> • Danger to public health • Danger to public safety 	<p>Non-EDE clients are assessed for</p> <ul style="list-style-type: none"> • Danger to public health • Danger to public safety • Excessive demand on the Canadian health care system 	<p>Refugee–Overseas clients are also EDE.</p> <p>NB: Refugee-Overseas – Panel physicians must complete and submit the IMM 5544 Resettlement Needs Assessment Form.</p>

NB: EDE clients include refugees, refugee claimants and certain family classes and individuals with protected person status.

The Medical Report (IMM 1017) form is typically issued by CIC with the client information and immigration information sections completed.

Clients who have been issued a Medical Report (IMM 1017) must present the form to the panel clinic when presenting themselves for their IMEs. The form will include two client identifiers: IME number and UCI number. (NB: This form may not include a client photo).

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • Clinic staff will search for the client health case in eMedical using the IME# (search may also be done using client name and DOB or UCI#) • Clinic staff should confirm the client’s identification by comparing the client’s information with the valid government-issued photo ID. <i>See section 4.1.2</i> • A live photo of the client is taken and uploaded to eMedical to verify identity throughout the life cycle of the IME. • The IME and all of its components are then completed in the eMedical system. 	<ul style="list-style-type: none"> • Clinic staff should confirm client’s identification by comparing the client’s information with the valid government-issued photo ID. <i>See section 4.1.2</i> • Clinic staff must attach a client photo (provided by the client) to the Medical Report (IMM 1017). • The Medical Report (IMM 1017) will be completed and submitted along with all other IME forms.

4.3.1 Resettlement Needs Assessment (IMM 5544)

Clients who are being processed as refugees overseas will have a Resettlement Needs Assessment (IMM 5544) form issued to them along with their IMM 1017 by a Visa Office (VO). Panel physicians must complete this form for all clients in the Refugee Overseas category.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • VO issues IMM 1017 with IMM category of Refugee-Overseas. • IMM 5544 is included in medical instructions sent to client by VO as part of the IME. • IMM 5544 will be available as a form to be filled out in eMedical and uploaded to the health case. • Submission of IME will include IMM 5544. 	<ul style="list-style-type: none"> • VO issues IMM 1017 with IMM category of Refugee-Overseas. • IMM 5544 is included in medical instructions sent to client by VO as part of the IME. • Panel physician will complete the IMM 5544 along with the IME and submit.

4.3.2 Upfront Medicals (UFMs)

UFM examinations are performed when clients report to a panel physician for their IME before a visa application has been submitted to CIC. Clients who undergo UFMs will not have a Medical Report (IMM 1017) issued by CIC, nor will their information be stored in the eMedical system.

The Medical Report (IMM 1017B UFM) is provided to panel clinics by the Health Branch. These forms are pre-populated with a Unique Medical Identifier (UMI#) and a barcode.

Panel clinics will be required to identify one of the following UFM categories:

- Student
- Worker
- Visitor
- Family (EDE)
- Refugee Claimant (**in Canada only**)

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • Clinic staff will enter the client in eMedical. • eMedical will issue a unique identifier called the UMI#. • Clinic staff will check identity with a valid government-issued photo ID. • The UFM category (student, worker, visitor, family EDE, or Refugee Claimant) must be selected by the clinic staff. • A live photo of the client is taken and uploaded to eMedical so that the 	<ul style="list-style-type: none"> • Clinic staff will use the Medical Report (IMM 1017B UFM) forms which already have a unique identifier called the UMI# and a barcode entered on them. These forms will be provided to panel physicians by CIC Health Branch. Please contact the RMO to order additional forms. • Clinic staff will check identity with a valid government-issued ID. • The UFM category (student, worker, visitor, family EDE, or Refugee

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<p>client's identity can be verified throughout the IME life cycle.</p> <ul style="list-style-type: none"> The IME and all of its components are then entered in the eMedical system. 	<p>Claimant) must be selected by the panel clinic staff.</p> <ul style="list-style-type: none"> Clinic staff must attach a client photo (provided by the client) to the form. The (IMM 1017B UFM) form will be completed and page 1 must be submitted along with all other IME forms. Page 2 must be provided to the client for submission to CIC along with the visa application.
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4.4 Immigration Medical Examination grading

Prior to submitting the IME, the panel physician must provide a grade for the IME.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> An IME grade will be provided automatically by the system based on the reported findings. Grade A indicates that there are no abnormal findings present and no significant abnormal history; and Grade B indicates that there are significant abnormal findings present and/or an abnormal history. If the system has provided an A grade and the panel member believes that there are significant abnormal findings, he/she may change the grade to B. No comments are permitted for A-grade IMEs. Comments are mandatory for B-grade IMEs. 	<ul style="list-style-type: none"> Panel members must provide an IME grade based on the reported findings. Grade A indicates that there are no abnormal findings present and no significant abnormal history; and Grade B indicates that there are significant abnormal findings present and/or an abnormal history. Comments should not be included for A-grade IMEs. Comments are mandatory for B-grade IMEs.

4.5 Panel Physician Declaration

The Panel Physician Declaration confirms the following:

- The client’s identity has been verified; and
- The IME and report are an accurate record of their findings.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • Panel physician’s declaration is provided electronically. 	<ul style="list-style-type: none"> • Panel physician’s declaration is provided in writing on the Medical Report (IMM 1017) and includes the panel physician’s name, signature, number, and the date of the IME submission.

4.6 Medical History (IMM 5419)

See *Medical History* section in [IMM 5419 form](#)

The panel physician uses the medical history to assess the client’s health. The medical history may be completed by the client or the panel physician. If the client completes it, the panel physician must review and confirm the information provided.

Panel physicians must provide details with all Yes answers to medical history questions. CIC requires the following information:

- date of diagnosis;
- dates of treatment or surgery;
- relevant medications; and
- current status of the condition (and, if applicable, the prognosis).

Panel physicians must provide this information in the comments section or they may attach a report to the IME.

The following table lists additional requirements when the answers to medical history questions show abnormality, whether the IME is completed in eMedical or on paper. Please refer to the IMEIs for additional details.

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Medical History Question	Related IMEI	IMM Type	Requirements If Abnormal
Tuberculosis (TB), treatment for tuberculosis	TB IMEI	EDE	CXR, HIV, Hepatitis B and C, regardless of age
		Non-EDE	CXR, HIV, Hepatitis B and C, regardless of age
Close household or work contact with tuberculosis	TB IMEI	EDE	TST and then CXR if TST positive, if below age 5 y-o, if symptomatic or if immuno-compromised
		Non-EDE	TST and then CXR if TST positive, if below age 5 y-o, if symptomatic or if immuno-compromised
Prolonged medical treatment and/or repeated hospitalization for any reason, including a major operation or mental illness		EDE	Medical report
		Non-EDE	Medical report
Psychological/psychiatric disorder (including major depression, bipolar disorder or schizophrenia)	Psychiatric Conditions IMEI	EDE	Psychiatrist's report
		Non-EDE	Psychiatrist's report
History of HIV	HIV IMEI	EDE	HIV, CXR, Hepatitis B and C, syphilis, regardless of age
		Non-EDE	HIV, CXR, Hepatitis B and C, syphilis, regardless of age
Hepatitis B or Hepatitis C blood test	Hepatitis / Liver Disease IMEI	EDE	HIV, CXR, Hepatitis B and C, syphilis, regardless of age
		Non-EDE	HIV, CXR, Hepatitis B and C, syphilis, regardless of age
Cancer or malignancy in the last five years	Cancer IMEI	EDE	Oncology report
		Non EDE	Oncology report
Diabetes	Diabetes IMEI	EDE	Screen for signs or symptoms and presence of end-organ damage. Urinalysis, serum creatinine (eGFR if abnormal) and HbA1c; regardless of age
		Non-EDE	Screen for signs or symptoms and presence of end-organ damage. Urinalysis, serum creatinine (eGFR if abnormal) and HbA1c; regardless of age
Heart condition including coronary disease, hypertension, valve or congenital disease	Cardiac Disease IMEI & Hypertension IMEI	EDE	Screen for signs or symptoms (including blood pressure) and presence of end-organ damage. Serum creatinine, regardless of age
		Non-EDE	Screen for signs or symptoms (including blood pressure) and presence of end-organ damage. Serum creatinine, regardless of age
Blood condition (including thalassemia)		EDE	Check for history of admission
		Non-EDE	Check for history of admission
Kidney or bladder disease	Renal disease IMEI	EDE	Urinalysis, serum creatinine (eGFR if abnormal) regardless of age
		Non-EDE	Urinalysis, serum creatinine (eGFR if abnormal) regardless of age
An ongoing physical or intellectual disability affecting your current or future ability to function independently or be able to work full-time (including autism or developmental delay)	Psychiatric Conditions IMEI & Cognitive Impairment IMEI	EDE	MME, ADL, GAF and/or CECD
		Non-EDE	MME, ADL, GAF and/or CECD
Addiction to drugs or alcohol	Psychiatric Conditions IMEI	EDE	Psychiatrist's report and HIV, Hepatitis B and C, syphilis, regardless of age
		Non-EDE	Psychiatrist's report and HIV, Hepatitis B and C, syphilis, regardless of age
Prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements)		EDE	List relevant medications and mention the indication
		Non-EDE	List relevant medications and mention the indication
Are you pregnant?			
If yes, what is the expected date of delivery?			
If yes, do you wish to defer your chest x-ray at this time?			Complete IMM 5733 <i>Instructions for Pregnant Client – X-Ray Deferred</i>

4.6.1 Pregnant Client

If the client chooses to defer her chest x-ray (CXR) because of pregnancy:

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • An email is sent automatically to CIC stating that the client is pregnant and giving the estimated date of delivery; • CXR requisition and instructions are generated by eMedical and provided to the client; • The IME is completed and is put on hold status until the CXR is completed; and • The IME will be submitted to CIC, along with the CXR results when available. 	<ul style="list-style-type: none"> • The CXR requisition is completed by the panel physician and given to the client; • The IMM 5733 Instructions for Pregnant Client Letter is completed by the panel physician and given to the client; • The client may forward a copy of the IMM 5733 Instructions for Pregnant Client Letter to the visa office as proof that the IME has been started and that the CXR has been deferred because of pregnancy; • The panel physician may complete the IME, except for the CXR; and • The IME is only submitted once the post-partum CXR is returned to the panel physician; • See IMM 5733 Instructions for Pregnant Client – X-Ray Deferred

4.7 Physical Examination (IMM 5419)

See Physical Examination section in [IMM 5419 form](#)

The physical examination must be completed by the panel physician.

Panel physicians must provide details of all abnormal findings during the physical examination. CIC requires the following information:

- History;
- Diagnosis;
- Treatment details (including dates and medications);
- Lab results;
- Specialist reports (as required);
- Current status; and
- Prognosis.

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Panel physicians may enter this information in the comments section or attach a report to the IME.

The following table lists the additional requirements when the answers to physical examination questions show abnormality, whether the IME is completed in eMedical or on paper. Please refer to the IMEIs for additional details.

Physical Examination Question	Related IMEI	IMM Type	Requirements If Abnormal
Height (cm)			
Height percentile ≤ 2 years of age	Percentile IMEI	EDE ≤ 3rd percentile	HIV testing, Specialist pediatrician and school reports (if applicable)
		Non-EDE ≤ 3rd percentile	HIV testing, Specialist pediatrician and school reports (if applicable)
Weight (kg)			
Weight percentile ≤ 2 years of age	Percentile IMEI	EDE ≤ 3rd percentile	HIV testing, Specialist pediatrician and school reports (if applicable)
		Non-EDE ≤ 3rd percentile	HIV testing Specialist pediatrician and school report (if applicable)
BMI ≥ 18 years of age	BMI IMEI	EDE	If underweight: HIV regardless of age If overweight: blood pressure, urinalysis regardless of age
		Non-EDE	If underweight: HIV regardless of age If overweight: blood pressure, urinalysis regardless of age
Head circumference (cm) ≤ 2 years of age		EDE	
		Non-EDE	
Head circumference percentile ≤ 2 years of age	Percentile IMEI	EDE ≤ 3rd percentile	Specialist pediatrician and school reports (if applicable)
		Non-EDE ≤ 3rd percentile	Specialist pediatrician and school reports (if applicable)
Ear/nose/throat/mouth		EDE	
		Non-EDE	
Hearing	Hearing impairment and deafness IMEI	EDE	For all clients with cochlear implants, provide dates of (age-appropriate) pneumococcal and meningococcal vaccinations
		Non-EDE	For all clients with cochlear implants, provide dates of (age-appropriate) pneumococcal and meningococcal vaccinations
Eyes (including funduscopy)		EDE	
		Non-EDE	
Best distance visual acuity (with or without correction)		EDE	
		Non-EDE	
Blood pressure ≥ 15 years of age <i>Normal readings <140 systole and <90 diastole</i>	Hypertension IMEI	EDE	Repeat blood pressure
		Non-EDE	Repeat blood pressure
Repeated blood pressure ≥ 15 years of age <i>Normal readings <140 systole and <90 diastole</i>	Hypertension IMEI	EDE	Screen for signs or symptoms (including blood pressure) and presence of end-organ damage. Serum creatinine regardless of age.
		Non-EDE	Screen for signs or symptoms (including blood pressure) and presence of end-organ damage. Serum creatinine regardless of age.

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Physical Examination Question	Related IMEI	IMM Type	Requirements If Abnormal
Cardiovascular system		EDE	
		Non-EDE	
Respiratory system	TB IMEI	EDE	If signs of TB: CXR, HIV, Hepatitis B and C regardless of age
		Non-EDE	If signs of TB: CXR, HIV, Hepatitis B and C, regardless of age
Nervous system: sequelae of stroke or cerebral palsy, other neurological disabilities	Debilitating conditions, MME, ADL, GAF and/or CECD IMEIs	EDE	MME, ADL, GAF and/or CECD
		Non-EDE	MME, ADL, GAF and/or CECD
Mental and cognitive state	Cognitive impairment, MME, ADL, GAF and/or CECD IMEIs	EDE	MME, ADL, GAF and/or CECD
		Non-EDE	MME, ADL, GAF and/or CECD
Intellectual ability	Cognitive impairment, MME, ADL, GAF and/or CECD IMEIs	EDE	MME, ADL, GAF and/or CECD
		Non-EDE	MME, ADL, GAF and/or CECD
Developmental milestones <i>≤ 5 years of age</i>	CECD IMEI	EDE	CECD
		Non-EDE	CECD
Gastrointestinal system	Hepatitis / Liver Disease IMEI	EDE	If hepatomegaly: Hepatitis B and C screening
		Non-EDE	If hepatomegaly: Hepatitis B and C screening
Musculoskeletal system	Debilitating conditions IMEI and ADL IMEI	EDE	ADL ≥ 60 years of age
		Non-EDE	ADL ≥ 60 years of age
Skin and lymph nodes		EDE	
		Non-EDE	
Evidence of substance abuse (e.g., venous puncture marks)	Psychiatric Conditions IMEI	EDE	Psychiatrist's report and HIV, Hepatitis B and C, syphilis, regardless of age
		Non-EDE	Psychiatrist's report and HIV, Hepatitis B and C, syphilis, regardless of age
Breast examination for all female clients ≥ 45 years or for any gender/age where clinically indicated	Breast Exam IMEI	EDE	
		Non-EDE	
Endocrine system (such as evidence of complications from diabetes)	Diabetes IMEI	EDE	If diabetes, proceed with screening
		Non-EDE	If diabetes, proceed with screening
Are there any physical or mental conditions that may prevent this person from attending a mainstream school, obtaining full-time employment or living independently now or in the future?	Psychiatric Conditions IMEI & Cognitive Impairment IMEI	EDE	MME, ADL, GAF and/or CECD
		Non-EDE	MME, ADL, GAF and/or CECD

4.8 Laboratory Requisition and Report

See *Laboratory Requisition and Report* section in [IMM 5419 form](#)

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • eMedical will generate laboratory requisitions with client biodata and photograph already printed on them. • Mandatory tests will be system-generated according to client's age, gender and clinical findings. 	<ul style="list-style-type: none"> • Laboratory requisition and report should be completed with client's personal information entered: surname, given name, date of birth, IME# or UMI# (if applicable). • Client photograph must be attached to ensure IME integrity for laboratory testing. • Indicate with a checkmark (✓) the tests required.

Laboratory staff are required to confirm the client's biodata/identity by comparing the photograph on the laboratory requisition and report, the photograph on the client's government-issued ID and the client reporting for laboratory tests.

Any identity concerns must be documented either in eMedical or on the paper laboratory requisition forms. Laboratory testing may continue and the panel physician will report the concerns to CIC for follow-up.

Laboratory staff must fill out the declaration to confirm the following:

- The requested laboratory tests have been performed, and
- The sample for testing was collected from the client identified on the requisition.

4.8.1 Urinalysis

A urinalysis is mandatory for all clients five years of age or older.

Please refer to the urinalysis IMEI for detailed recommendations on screening.

4.8.2 Syphilis serology

Syphilis testing is mandatory for **all clients 15 years of age or older**. Testing is also necessary for all clients **below the age of 15 who have any of the following risk factors**:

- signs and symptoms compatible with syphilis diagnosis;
- history of unprotected anal or vaginal sex or pregnancy;
- history of another sexually transmitted infection such as HIV, herpes, chlamydia, gonorrhoea or bacterial vaginosis;

- history of sharing needles, syringes and other equipment and drug solutions for injecting drugs;
- history of being born to a syphilitic mother;
- homeless/living in shelters; or
- originating from countries with a high prevalence of syphilis: **South and Southeast Asia, sub-Saharan Africa, Latin America and the Caribbean.**

Please refer to the syphilis IMEI for detailed recommendations on screening.

For confirmation purposes, a test should be repeated if the result is indeterminate.

- For positive syphilis serology results, panel physicians will treat according to the Canadian Guidelines on Sexually Transmitted Infections (see <http://www.phac-aspc.gc.ca/std-mts/sti-its/pdf/510syphilis-eng.pdf>) and provide proof of treatment, or
- Accept previous treatment carried out according to the Canadian Guidelines on Sexually Transmitted Infections and provide proof of treatment.

CIC requires the following treatment information:

- dates;
- medications; and
- dosages.

Proof of treatment information may be included in the comments section of the syphilis test section or a report may be attached to the IME.

4.8.3 HIV

HIV screening is required for **all clients 15 years of age or older** undergoing an IME. Panel physicians must also request HIV screening for **clients below the age of 15 who have any of the following risk factors:**

- signs and symptoms compatible with HIV diagnosis;
- history of unprotected anal or vaginal sex or pregnancy;
- history of another sexually transmitted infection such as syphilis, herpes, chlamydia, gonorrhoea or bacterial vaginosis;
- history of sharing needles, syringes and other equipment and drug solutions for injecting drugs;
- history of receiving unsafe injections, blood product transfusions or medical procedures that involve unsterile cutting or piercing;
- accidental needle stick injuries, including among health workers;
- suspected active TB or hepatitis B or C;
- tattooing, piercing or having received acupuncture;
- history of being born to an HIV-positive mother; or
- any child showing failure to thrive.

Please refer to the HIV IMEI for detailed recommendations on screening and pre- and post-test counselling.

All HIV-positive results must be confirmed with a Western blot test or a second ELISA from a different manufacturer. Panel physician must provide post-test counselling to all HIV-positive cases and must have the client sign the [IMM 5728: Acknowledgment of HIV Post-Test Counselling form](#).

HIV specialist reports including CD4 and Viral Load are required for all HIV-positive clients.

4.9 Chest X-ray Requisition and Report

See Chest X-ray Requisition and Report section in [IMM 5419 form](#).

Routine postero-anterior chest x-rays are mandatory for clients 11 years of age or older. A panel physician should request a chest x-ray, regardless of age, if the medical questionnaire reveals a past history of TB infection or treatment in the client or his/her close contacts.

Chest x-rays must be examined for general radiological findings and, more specifically, for evidence of active or inactive TB disease.

Radiology clinic staff are required to confirm client identity and biodata by comparing the photograph on the radiology requisition and report, the photograph in the eMedical system (for eMedical-enabled panel clinics), the photograph on the client's government-issued ID, and the client reporting for chest x-rays.

Any identity concerns must be documented either in eMedical or on paper forms. The panel radiologist may continue with the chest x-ray and the panel physician will report the concerns to CIC for follow-up.

The chest x-ray must contain the following information:

- client's name;
- client's date of birth;
- client's gender; and
- date of the chest x-ray.

The chest x-ray may also contain an embedded photo of the client below the lung fields.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none">• eMedical will generate chest x-ray requisitions with the client's biodata and photograph printed on them;• Clients must bring their requisition with them in order to undergo their chest	<ul style="list-style-type: none">• Panel physician must enter the client's personal information on the chest x-ray requisition form: surname, given name, date of birth, IME# or UMI# (if applicable); and

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<p>x-ray; and</p> <ul style="list-style-type: none"> Panel radiology clinic staff will use the IME# or the UMI# entered on the requisition to retrieve the client's information from the eMedical system. 	<ul style="list-style-type: none"> The client's photograph must be attached to the radiology requisition.
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There may be cases where a client may not be pregnant at the time of the IME, but is pregnant at the time of the x-ray examination. If a client is pregnant and elects to proceed with the chest x-ray examination, there are **no changes** to the chest x-ray procedures.

If the client chooses to defer her chest x-ray because of pregnancy:

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> An email is sent automatically to CIC stating that the client is pregnant and giving the estimated date of delivery; The IME is put on hold status until the chest x-ray is completed; and The IME will be submitted to CIC along with the CXR results when available. 	<ul style="list-style-type: none"> The radiology clinic must notify the panel physician that the chest x-ray has been deferred; The panel physician may complete the IME, except for the chest x-ray; and The IME is only submitted once the post-partum chest x-ray is returned to the panel physician. See <i>Instructions for Pregnant Client – X-Ray Deferred.</i>

4.9.1 Chest x-rays indicating active tuberculosis

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> Panel radiologist's indication of suspected active TB in the client's chest x-ray will generate a system flag for the panel physician. Panel physicians must arrange for immediate referral for TB investigation. For all confirmed active TB cases, panel physicians must notify their public health authorities according to the country's or region's public health guidelines and directives, and ensure that treatment provided follows WHO 	<ul style="list-style-type: none"> A panel radiologist who indicates suspected active TB in the client's chest x-ray must notify the panel physician immediately. The chest x-ray and report are sent to the panel physician for submission to CIC, along with the panel physician's examination results. Panel physicians must arrange for immediate referral for TB investigation; For all cases of active TB, panel physicians must notify their public health

<p>recommendations and protocols (http://whqlibdoc.who.int/publications/2010/9789241547833_eng.pdf).</p> <ul style="list-style-type: none"> • For all confirmed active pulmonary TB cases, panel physicians must conduct screening for hepatitis B and C, as well as HIV (if not already done), and proceed with contact-screening for all family members or close contacts who are also CIC clients. Treatment for latent TB should be recommended for contacts as per instructions. • Please refer to the TB IMEI for more information. 	<p>authorities according to the country's or region's public health guidelines and directives, and ensure that treatment provided follows WHO recommendations and protocols (http://whqlibdoc.who.int/publications/2010/9789241547833_eng.pdf).</p> <ul style="list-style-type: none"> • For all confirmed active pulmonary TB cases, panel physicians must conduct screening for hepatitis B and C, as well as HIV (if not already done), and proceed with contact-screening for all family members or close contacts who are also CIC clients. Treatment for latent TB should be recommended for contacts as per instructions. • Please refer to the TB IMEI for more information. • Panel physicians must complete the IME and submit it to CIC.
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4.9.2 Radiology grading

Prior to submitting the chest x-ray, the panel radiologist must provide a grade for the radiography.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • A radiology grade will be provided automatically by the system based on the reported findings. • Grade A indicates that there is no evidence of active TB or changes suggestive of other significant diseases identified; and • Grade B indicates that there is evidence of active TB or changes suggestive of other significant diseases identified. • If the system has provided an A grade 	<ul style="list-style-type: none"> • Panel radiologists must provide a radiology grade based on the reported findings • Grade A indicates that there is no evidence of active TB or changes suggestive of other significant diseases identified; and • Grade B indicates that there is evidence of active TB or changes suggestive of other significant diseases identified. • Comments should not be included for

<p>and the panel radiologist believes that there is evidence of active TB or changes suggestive of other significant diseases, he/she may change the grade to B.</p> <ul style="list-style-type: none"> • No comments are permitted for A-grade chest x-rays. • Comments are mandatory for B-grade chest x-rays. 	<p>A-grade chest x-rays.</p> <ul style="list-style-type: none"> • Comments are mandatory for B-grade chest x-rays.
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4.9.3 Panel Radiologist Declaration

The Panel Radiologist Declaration confirms the following:

- The client's identity has been verified; and
- The radiology report is an accurate record of the radiologist's findings.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • Panel Radiologist Declarations are provided electronically. 	<ul style="list-style-type: none"> • Panel Radiologist Declarations are provided in writing on the radiology report and include the panel radiologist's name, signature, number, and the date of the chest x-ray report.

4.9.4 Submission of chest x-rays to CIC

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • Digital chest x-rays are uploaded to the eMedical system. • The panel radiologist or authorized radiology staff enter the general and special findings in the eMedical system. • The chest x-ray is graded in the eMedical system and submitted to the client's IME. • The panel physician clinic is notified of the completion of the chest x-ray examination. 	<ul style="list-style-type: none"> • The panel radiologist provides the general and special findings and grades the digital chest x-rays or film using the proper form. • The panel radiologist or authorized radiology staff forward the chest x-rays and the report to the panel physician. • The panel physician reviews the radiologist report and grading. • Once all examinations are completed, the IME is sent to CIC by the panel physician.

<ul style="list-style-type: none"> • The panel physician reviews the radiologist report and grading. • Once all examinations are completed, the IME will be submitted to CIC by the panel physician. 	
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4.10 Furtherance Process

RMOs may require additional information to complete the medical assessment. This additional information is obtained through the furtherance process.

Panel physicians are responsible for the following:

- Referring the client for additional testing or to an appropriate specialist for consultation (see [IMM 5734 Specialist's Referral form](#));
- Selecting the specialist (the client may not select his/her own specialist, although the client's previous medical records may be provided along with the additional requested reports); and
- Completing the furtherance requirements and submitting results to the RMO.

eMedical-enabled Panel Clinics	Paper-based Panel Clinics
<ul style="list-style-type: none"> • The RMO issues a client letter with instructions to return to a panel physician for further investigations. • The furtherance request is transferred to eMedical. • The panel physician retrieves the furtherance request from eMedical by carrying out a search using the IME# or UCI# indicated in the client's letter. • The panel physician completes the additional examination(s) or generates a referral letter containing the information that will be sent to a specialist for the required investigation(s). • The panel physician enters the information in eMedical and submits the information to CIC. 	<ul style="list-style-type: none"> • The RMO issues a client letter with instructions to return to the panel physician and also provides the client with a sealed letter for the panel physician along with detailed instructions for further investigations. • The panel physician completes the additional examination(s) or refers the client to a specialist for the required investigation(s). • The referral letter must include the client's biodata and photograph and clearly indicate the required investigations requested by CIC. • Once all of the required investigations have been completed, the panel physician returns the reports to CIC.

4.11 Additional forms

- [IMM 5725: Activities of Daily Living \(ADL\)](#)
- [IMM 5726: Mini Mental Examination \(MME\)](#)
- [IMM 5727: Global Assessment of Functioning \(GAF\)](#)
- [IMM 5738: Chart of Early Childhood Development \(CECD\)](#)

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Appendix IV: Immigration Medical Examination Instructions (IMEIs)

The following IMEIs are available at: <http://www.cic.gc.ca/english/department/partner/pp/index.asp>

A) List of IMEIs related to process changes resulting from eMedical implementation

IMEI: Activities of Daily Living Assessment (ADL)

IMEI: Body Mass Index (BMI)

IMEI: Breast Examination

IMEI: Developmental Milestones: Chart of Early Childhood Development (CECD)

IMEI: Global Assessment of Function (GAF)

IMEI: Height/Weight/Head Circumference Percentile for Children

IMEI: Mini Mental Examination (MME)

IMEI: Serum Creatinine

IMEI: Urinalysis

B) List of IMEIs related to conditions of significance

IMEI: Cancer or Malignancy

IMEI: Cardiac Disease

IMEI: Cognitive Impairment in Adults

IMEI: Debilitating Conditions

IMEI: Developmental Delay in Children

IMEI: Diabetes

IMEI: Hearing Impairment or Deafness

IMEI: Hepatitis/Liver Disease

IMEI: HIV Screening

IMEI: Hypertension

IMEI: Psychiatric Conditions

IMEI: Renal Disease

IMEI: Syphilis Screening and Management

IMEI: Tuberculosis

Appendix V: Instructions for Submission of Paper-Based IME

This appendix provides the order of the following various documents that are part of the IME:

- IMM 1017 Client Biodata and Summary or IMM 1017B UFM Client Biodata and Summary
- IMM 5743 Client Consent and Declaration
- IMM 5419 Medical Report: Medical History Questions
- IMM 5419 Medical Report: Physical Examination
- IMM5419 Medical Report: Laboratory Requisition and Report
- IMM 5419 Medical Report: Chest X-ray Requisition and Report
- Urinalysis Report(s)
- HIV Report
- Syphilis Report, RPR Report(s)
- Chest X-Ray Report – Radiology Findings
- All other medical reports
- Any other information (passports, visas, letters, etc)
- Chest x-ray :
 - Digital chest x-ray (DICOM) – Staple the top left of the CD envelope to the back of the IME, with the client’s name visible on either the envelope or the DICOM itself; or
 - Chest x-ray in hard copy (if DICOM is not available). If possible, lateral x-rays should be placed upside down, with the spine on the left side, and stapled behind the IME on the top left corner. Frontal x-rays should be placed upside down with the left ventricle on the left side, and stapled behind the IME on the top left corner. Frontal x-rays are placed after lateral x-rays

Include a log sheet with the client’s name and date of birth and the file numbers of all files in the package. The log sheet and tracking numbers are used to trace lost or misplaced records.