



Citizenship and
Immigration Canada

Citoyenneté et
Immigration Canada

OP 15

Medical Procedures

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Updates to chapter

Listing by date:

Date: 2009-11-24

Minor changes were made to telephone numbers listed in Appendix B for British Columbia.

2008-07-04

Minor modifications were made to reflect a branch name change from "Medical Services Branch" to "Health Management Branch."

2007-04-23

Minor modifications were done in Appendix B: "Medical Surveillance Handouts". The contact telephone numbers for Saskatchewan (tuberculosis) and Nunavut (syphilis) have been changed.

2007-01-24

Amended Appendix B: Medical Surveillance Handouts for tuberculosis and syphilis with new contact telephone numbers for Manitoba.

2006-11-24

Amended Appendix B: Medical Surveillance Handouts for tuberculosis and syphilis with new contact telephone numbers for Saskatchewan.

2005-10-11

Undertake amendments related to Medical Services Branch restructuring and to CIC and CBSA shared responsibilities;

Amend Appendix B: *Medical Surveillance Handouts for tuberculosis and syphilis* with a new contact telephone number for New Brunswick.

2005-06-15

Appendix D: Health Follow-up Handout: HIV Infection, has been amended: there are now new HIV/AIDS coordinator telephone numbers for Ontario, Quebec and the Yukon.

2004-06-03

A change to Appendix D has been made by adding the following wording to the first paragraph:

"If you are a refugee or a refugee claimant, your HIV results will not negatively affect the processing of your case."

2004-04-06

Section 16 – Procedure: Evaluating temporary resident applications for medical treatment has been replaced.

Appendix B: The telephone number for the Public health authorities in Canada for tuberculosis in the province of Manitoba has been changed to (204) 787-2384.

2003-08-01

A minor wording change was made to the medical surveillance handouts.

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2003-07-25

OP 15 has been updated to incorporate new medical surveillance information handouts.

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1. What this chapter is about

This chapter explains:

- when and why medical examinations are required;
- how to issue medical instructions;
- how to deal with the results of a medical examination.

2. Program objectives

The medical evaluation and assessment of foreign nationals applying to enter Canada originate with the first *Immigration Act* of 1868. The requirement for a medical examination serves several purposes:

- to protect the health of Canadians;
- to protect the safety of Canadians;
- to reduce and prevent excessive demand on Canada's health and social services.

3. The Act and Regulations

Provision	Act and Regulations
Requirement for a medical examination	A16(2)(b)
Inadmissible on health grounds	A38(1)
Exemptions to medical inadmissibility on grounds of excessive demand	A38(2)
Who must undergo a medical examination	R30(1)
Exemptions from requirement for medical examination	R30(2)
What constitutes a medical examination	R29
Requirement for subsequent medical examination	R30(3)
Requirement for medical certificate	R30(4)
Considerations when assessing danger to public health	R31
Conditions of admission related to medical condition	R32
Considerations when assessing danger to public safety	R33

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Definitions: health services, social services, and excessive demand on health or social services.	R1(1)
Medical condition - adopted children	R118
Assessment of inadmissibility on health grounds	R20
Exception to excessive demand	R24
Health grounds exception	R139(4)

3.1. Forms

The forms required are shown in the following table.

Form title	Form number
Application for Permanent Residence in Canada	IMM 0008EGEN
Medical Surveillance Undertaking	IMM 0535B
Medical Notification	IMM 5365B
Medical Report Section A	IMM 1017E
Generic Document4 Part Distribution	IMM 5292B
Medical Report Sections B - C - D - E	IMM 5419E

4. Instruments and delegations

The authorities to provide immigration medical assessments of the three elements of A38(1), namely, danger to public health or to public safety or excessive demand, are delegated to the Department's medical officers. Authorities may be delegated to contract physicians, nurses and contract nurses although this authority may be limited according to the terms of reference of the individual health officer, i.e., nurses and contract nurses may be limited to M1 assessment where there is either no chest X-ray requirement or a normal chest X-ray report is provided by a departmentally acceptable radiologist. Contract physicians may be limited to simple admissible assessments and the preliminary work-up of inadmissible cases.

5. Departmental policy

5.1. Who must undergo an immigration medical examination?

The foreign nationals required to undergo immigration medical examination are outlined in R30(1). These include:

- foreign nationals who are applying for a permanent resident visa or applying to remain in Canada as a permanent resident as well as their family members, whether accompanying or not;
- foreign nationals who are seeking to work in Canada in an occupation in which the protection of public health is essential;

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- foreign nationals who:
 - ◆ are seeking entry to Canada or applying for renewal of their work or study permit or authorization to remain in Canada as a temporary resident for a period in excess of six consecutive months, including an actual or proposed period of absence from Canada of less than 14 days, and
 - ◆ have resided or sojourned for a period of six consecutive months, at any time during the one-year period immediately preceding the date they sought entry or made their application, in an area that the Minister determines, after consultation with the Minister of Health, has a higher incidence of communicable disease than Canada.
- foreign nationals who an officer, or the Immigration Division, has reasonable grounds to believe are inadmissible under A38 of the Act; and
- persons who claim refugee protection in Canada.

5.2. Temporary residents

The following categories of temporary residents must undergo an immigration medical examination:

- Persons who intend to work in certain occupations in Canada as noted in [Appendix A](#).
- Persons who intend to stay in Canada for more than six months and who, in the year before they apply to visit Canada, have spent more than six consecutive months in a designated country (the designated country list can be found in [IR 3](#) or [http:// www.cic.gc.ca/english/visit/dcl.html](http://www.cic.gc.ca/english/visit/dcl.html)). In the calculation of whether a stay will exceed six months, real or planned absences from Canada of less than 14 days do not affect the determination.
- Persons who, in the opinion of an officer, may fall into an inadmissible class; for example, persons who answer "yes" to the question about medical problems on the application form.
- Temporary residents seeking medical treatment in Canada may need an examination.

Note: A temporary resident in a life-threatening emergency, going to a hospital specializing in treatment unavailable elsewhere, may merit expedited case processing. If an officer is satisfied that payment for the treatment is guaranteed, a complete immigration medical examination may not be necessary. Airlines carrying such individuals may need to be informed of the nature of the condition and officers should advise the temporary resident to notify the airline before travel to avoid complications during travel.

For the procedures to follow when dealing with temporary residents seeking medical treatment in Canada, see [Section 16](#) below.

5.3. Family members of foreign nationals

Foreign nationals sometimes have family members who will not go to Canada. With very few exceptions, these family members must also undergo examinations. The exceptions are listed in R30(2).

5.4. Who is exempt from medical examination?

The exemptions to the medical examination requirement are described in R30(2).

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Also exempt are household staff who are citizens of, and paid by, the sending State to work in a chancery or official residence. Circular Note No.197 of August 1,1993 from the Department of Foreign Affairs describes this exemption.

Note: Other categories of household staff must undergo an immigration medical examination.

5.5. Who may perform an immigration medical examination?

Only physicians authorized by CIC may carry out immigration medical examinations. The list of Designated Medical Practitioners can be found in [IR 3](#) and at the following URL <http://www.cic.gc.ca/english/contacts/medical.html>

Technical instructions that define the actions and management of the authorized physicians who perform the immigration medical examinations are located in:

- the Medical Officer's Guidelines for DMP Program
- the Designated Medical Practitioner's Handbook.

In exceptional circumstances, an applicant may not be in a position to travel to a designated physician. If such a case should arise, the officer should contact the regional medical officer or the Director of Operations, NHQ in order to make alternate arrangements for a medical examination.

5.6. Procedural fairness

If it is determined that an applicant is inadmissible on health grounds as described in A38(1), applicants must be permitted to respond to the medical information that resulted in the decision. Procedural fairness (see also, [OP 1, Section 8](#)) requires that officers give applicants an opportunity to respond to concerns about their admissibility (see [Section 13](#) below for procedures).

5.7. Exemptions from inadmissibility on grounds of excessive demand

As per R24 and R139(4), excessive demand determinations under A38(1)(c) do not apply to:

- individuals who are members of the family class: spouse, common-law partner or a dependent child of the sponsor;
- Convention refugees;
- protected persons.

Such individuals must undertake medical examinations for reasons of public health and public safety only. If the status of an applicant changes, a new medical assessment, including a review of excessive demand considerations, is required.

5.8. Adoptions and guardianship

In the case of a family class application for an adoption or guardianship, the parents must be fully informed of the medical condition of the child (R118).

See [OP 3](#) for further information.

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6. Definitions

6.1. Medical validity

Medical validity is the period during which the results of an immigration medical examination remain valid. Validity of medical examinations reflects the likelihood of an applicant's health condition changing and the risk of acquiring diseases of public health importance. Validity is normally twelve months from the date of an immigration medical examination or chest x-ray, whichever took place first. Normally, a new complete or partial medical examination to rule out danger to public health and safety must be undertaken if the medical validity has expired. In certain cases, medical validity may be extended. This may be done in consultation with the regional medical officer.

6.2. Medical profile

The medical profile indicates the results of a medical assessment by a medical officer. The profile indicates whether an individual is, in the opinion of the medical officer, admissible or inadmissible on health grounds, and whether medical surveillance is necessary (see section 6.4 below). The medical profile is included in [IR 3](#).

6.3. Immigration medical examination

An immigration medical examination includes a review of an applicant's past medical history, a mental examination, a physical examination, laboratory and other tests, and a medical assessment of the applicant's records R29.

Technical instructions regarding the details of the medical examination and assessment process can be found in the Medical Officers Handbook.

6.4. Medical surveillance

Medical surveillance means that public health authorities will monitor the condition of an applicant after arrival in Canada R32. Surveillance is required for applicants who have diseases of public health significance. Currently, these conditions include inactive tuberculosis and treated syphilis. The medical profile indicates whether surveillance is necessary – see [IR 3](#).

In order for the public health authorities to initiate the surveillance process, they must know who requires surveillance, for what medical condition surveillance is required, and how to contact the client in Canada. A Medical Surveillance Undertaking form IMM 0535B is used to notify the public health authorities that a client has entered Canada and requires medical surveillance.

See [Section 10](#) below for procedures.

7. Procedure: Issuing medical instructions

The Medical Report includes two forms:

The IMM 1017E "Medical Report—Section A", which includes the client identification and summary, and

The IMM 5419E "Medical Report—Sections B – C – D – E".

Officers must do the following when issuing medical instructions to an applicant:

- complete the client identification section of the IMM 1017E;
- attach a photograph where indicated and apply the office wet seal to the border of the photograph;

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- include a list of designated physicians for the area in which the applicant will be examined. If this is outside the regional medical officer's territory, include the mailing address for the medical officer. The examining physician must send the completed IMM 1017E, IMM 5419E and other reports to the appropriate medical officer.
- in the case of an applicant who will be examined by a other physician than a designated one, issue an IMM 5419E.

Note: Officers may give an IMM 1017E to someone who is not yet an applicant. Applicants may be advised that medical forms can be found on the CIC Web site.

8. Procedure: Using the results

The examining physician sends the completed IMM 1017E, IMM 5419E and other reports to the appropriate CIC immigration medical office. After completing the immigration medical assessment, the CIC medical officer will send to the visa office a Medical Notification IMM 5365B that contains the results of the examination. This may be done either by fax, e-mail or electronically through CAIPS.

An applicant must be found inadmissible under A38(1) if a medical officer determines that the 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 on health or social services R20.

A medical officer may make specific comments. For example, a medical assessment may be valid for the current application only. For example, the individual may be applying as a temporary resident in which case the risk of excessive demand posed by an illness is considered only for the duration of the visit. Should the applicant subsequently apply for permanent resident status, a different medical assessment may be required.

Applicants with conditions of public health importance may be determined to require medical surveillance after their entry into Canada (see [Section 6.4](#) and [Section 10](#) herein). Currently, the most common reason for medical surveillance is tuberculosis.

Officers may not issue a visa or authorization to anyone who is deemed to be a danger to public health or safety. If such a case should arise and if compelling circumstances warrant admission, officers should be aware that special travel and public health protection procedures may be necessary. Advice should be sought from the medical officer responsible for the area.

9. Procedure: Length of time that overseas medical results are valid

Medical results for applicants who pass a medical and who are not subject to surveillance are valid for twelve months from the examination date or the date of the x-ray, whichever date is earlier. If processing of the application is not completed in time, a new examination must be requested. In exceptional circumstances, an extension of the medical validity may be requested from the regional medical office. Only CIC medical personnel may grant extensions.

There is no expiry date of medical validity for applicants who are inadmissible. However, should a medically inadmissible applicant be allowed to proceed to Canada on a temporary resident permit, a new examination for public health reasons may be required. Such an examination is often limited to a chest X-ray and a brief physical examination.

The validity of a foreign national visa must not exceed the immigration medical validity.

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10. Procedure: Medical surveillance

A medical profile will indicate if surveillance by public health officials is required. If the surveillance code is S1, no surveillance is necessary. If the code is S2, surveillance is necessary. There should be a further breakdown of the code:

- S2.02 (inactive tuberculosis);
- S2.04 (treated positive syphilis serology).
- If medical surveillance is required, visa offices must do the following:
- issue a Medical Surveillance Undertaking IMM 0535B to the applicant (see section 11 below);
- issue a Medical Surveillance Handout appropriate to the condition (see [Appendix B](#));
- enter the appropriate surveillance coding on foreign national, temporary resident, student or temporary worker documents.

11. Procedure: Completing the IMM 0535B for cases requiring medical surveillance

Port-of-entry staff must complete the IMM 0535B in all cases requiring medical surveillance. See [Appendix C](#) for instructions on completion of the Medical Surveillance Undertaking IMM 0535B.

Questions regarding medical surveillance should be directed to:

Medical Surveillance Unit
Health Management Branch
Citizenship and Immigration Canada
219 Laurier Ave. West, 3rd floor
Ottawa, Ontario
K1A 1L1
Fax: (613) 952-3891
e-mail: Nat-Med-Surveillance@cic.gc.ca

12. Procedure: Process for HIV positive cases

All foreign nationals who are HIV positive and who are issued foreign national visas for Canada must be issued a copy of the Health Follow-up Handout: HIV Infection (see [Appendix D](#)). HIV positive temporary residents and students who will spend longer than six months in Canada must also receive the HIV handout.

13. Procedure: Process for medical refusals

In the case of an IMM 5365B with a medical profile of inadmissibility, applicants must be permitted to respond. The following procedure must be followed:

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- The medical officer will send a copy of the medical record (not including x-rays) and the Medical Notification (IMM 5365B) to the officer.
- The officer will notify the principal applicant of the medical results using the sample letter in [Appendix E](#).
- A minimum of 60 days from the date of the above-referenced letter of notification must be allowed to permit the applicant to respond.
- The officer will forward any new information provided by the applicant to the appropriate medical officers, using the form letter in [Appendix F](#).
- If the applicant does not supply additional documentation or information within the time allowed, the officer will refuse the application.
- Applicants must:
 - provide any additional documentation or information that may be relevant to their application.
 - pay any fees charged by doctors or other professionals they may consult in order to submit additional information.
 - respond to the visa office within the time allotted.

If the applicant provides new information within the 60-day period, the medical officer will review the new information and either:

- confirm the initial medical opinion; or
- withdraw the existing medical opinion and reopen the assessment process leading to a new medical opinion.

If a medical refusal of a family class case is appealed by the sponsor, refer to [OP 2, Section 18](#) (Processing members of the family class) for procedures.

14. Procedure: Release of medical information

Medical information may be released in the following circumstances:

- Directly to the applicant. The applicant may be given a copy of the medical officer's diagnosis and narrative description of the medical condition.
- With the applicant's permission (signature in the "Authority to disclose personal information" section of the IMM 0008EGEN, officers may disclose information to authorized representatives, sponsors, employers, provincial public health or medical personnel.

If an applicant desires additional medical information, they should be advised to have their doctor contact CIC medical staff. Only medical staff may release information from a medical file.

15. Procedure: Temporary resident and permanent resident results

Medical assessments for temporary residents and permanent residents may not be used interchangeably. An applicant who is medically inadmissible as a permanent resident may be admissible as a temporary resident. The reverse may also be true, if the temporary resident's

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medical condition improves between applications. Officers must request a review of the medical examination by CIC medical staff before issuing a visa to an individual who was medically examined under a different category.

If an applicant changes categories and has undergone a medical examination under another category, officers should do the following:

- If the first examination was less than a year earlier, a medical officer may review the existing results for the new category.
- If the medical examination took place more than a year earlier, the officer will issue instructions for a new examination.
- An officer may ask a medical officer to review the examination of temporary residents with valid medical results who apply as permanent residents.

Applicants are responsible for informing a visa office if they applied previously in a different category. This includes applications in Canada for extensions of status. They must state where they applied and the file number.

Officers should double-check that a medical assessment has been done using the correct temporary resident or permanent resident category.

16. Procedure: Evaluating temporary resident applications for medical treatment

When evaluating temporary resident applications for medical treatment in Canada, officers need to assess both the health and good faith of the applicant.

If an applicant has a medical condition that could pose a danger to the public health or safety of Canadian residents, the application should be refused under paragraph A38(1)(a) or A38(1)(b) respectively.

If an applicant is seeking medical treatment in Canada, the applicant should submit proof from the treating physician indicating that arrangements have been made for the treatment. The treating physician should be affiliated with a Canadian institution that can provide the services required by the applicant. As a temporary resident, the applicant is not eligible for any provincial health coverage and having been accepted for medical treatment in Canada, there would not be any impact on waiting lists. Therefore, the applicant would not create excessive demand on health services and would be admissible as a temporary resident seeking medical treatment only.

The results of any requested medical examination should only address the issue of medical admissibility. Officers must make a determination concerning other admissibility factors such as proof of arrangements with the institution in which the treatment will take place, means to cover the cost of treatment and related expenses during the time spent in Canada and proof that medical and other costs have been prepaid.

In summary, when evaluating temporary resident applications for medical treatment, medical officers should:

- review the immigration medical examination;
- assess the applicant inadmissible under paragraph A38(1)(a) or A38(1)(b) if the applicant has a medical condition that could pose a danger to public health or safety respectively;

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- assess the applicant admissible as a temporary resident seeking treatment only if there is proof from the treating physician affiliated with a Canadian institution indicating that arrangements have been made for treatment;

Officers should require that applicants:

- submit proof from the institution in which the treatment will take place that arrangements have been made for treatment;
- submit proof that satisfactory financial arrangements have been made to cover the cost of the treatment and related expenses including follow-up care and living expenses for the time spent in Canada. In some cases, a third party or a charity may cover the expenses;

See [Section 5.2](#) above for more information regarding medical examination of temporary residents seeking treatment in Canada.

17. Procedure: Allowing appeals

The Immigration Appeal Division (IAD) of the Immigration and Refugee Board (IRB) may allow an appeal by an applicant who was refused under A38. When this happens, officers must resume and finish processing quickly. An applicant cannot be refused again citing the same condition. Unless an officer strongly suspects that a new medical condition is present, there is no reason for a new examination. However, for cases in which the validity of the medical examination chest x-ray has expired (12 months), officers should contact the regional medical office to arrange a medical examination that deals with public health and safety only.

Officers may require medical surveillance and recommend conditions pursuant to R32. If this is the case, officers will follow the procedures in [Section 10](#) above.

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Appendix A Occupational basis for medical examination of temporary foreign workers

Depending on their intended occupation while in Canada, certain temporary foreign workers are required to undergo medical examination regardless of their intended duration of stay. The following list provides examples of such occupations. This list is not all-inclusive. Should you have any questions about whether a medical examination is required, please contact the visa/immigration office where you are making, or have made, your application.

1. Occupations that bring the incumbent into close contact (more than three hours per day and/or risk of exchange of body fluids) with people, such as:

- workers in the health sciences field, including staff and employees, clinical laboratory workers, patient attendants in nursing and geriatric homes, medical students admitted to Canada to attend university, medical electives and physicians on short-term locums;
- teachers of primary or secondary schools or other teachers of small children;
- domestics;
- workers who provide in-home care to children, the elderly and the disabled; and
- day-nursery employees.

2. Agricultural workers from designated countries/territories. A country/territory is designated if there is a "YES" in the column entitled "Designated" in the Designated Country/Territory List. The list may be found at <http://www.cic.gc.ca/english/visit/dcl.html>.

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Appendix B Medical Surveillance Handouts

Medical surveillance handout: Inactive tuberculosis

Your immigration medical examination for entry to Canada has shown that you have **inactive tuberculosis (TB)**.

It is important to prevent your inactive TB from becoming active by undergoing early public health follow-up in Canada. TB is a disease of public health concern because persons with active TB can transmit this disease to other people through coughing or sneezing.

To maintain your own health, and to protect your family members and people in Canada, you must telephone a public health authority in your province/territory of residence, unless you are living in Quebec.* You are required to telephone the public health authority within thirty (30) days of entering Canada, or if you are already living in Canada, within thirty (30) days of receiving this handout. Please see below for public health authority telephone numbers and instructions if your province of residence is Quebec.*

If you do speak neither English nor French, you may wish to ask someone who speaks one of these languages to help you make this telephone call.

When you telephone the public health authority, they will ask you for information on your "Medical Surveillance Undertaking" form (IMM 0535B) which you should have available at the time you make the telephone call.

You will be instructed where and when you must attend for your follow-up appointment. **Please take your IMM 0535B form and this handout with you at that time.**

If you change your address or telephone number before the public health follow-up is completed, you are required to provide updated information to the public health authority in your area.

Public health authorities in Canada for tuberculosis:

Ontario	Tel: 1-888-608-6880
British Columbia	Tel: (604) 707-2692
Nova Scotia	Tel: (902) 481-5888
Alberta	Tel: (780) 422-2444
Nunavut	Tel: (867) 975-5700
Manitoba	Tel: (204) 945-4816
Prince Edward Island	Tel: (902) 368-4996
New Brunswick	Tel: (506) 453-2323
Saskatchewan	Tel: (306) 933-6347
Newfoundland	Tel: (709) 729-3430
Yukon Territory	Tel: (867) 667-8323
Northwest Territories	Tel: (867) 920-8646

***Quebec:** The Public Health Department will contact you by mail with information on medical follow up. There is no need to telephone the Public Health Department unless there is a change in

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address or if, after one month, you have not heard anything from them. If you do have a change of address or you have not heard from the Health Department after one month, telephone (514) 528-2400 ext. 3881.

Tuberculosis (TB) information

During your medical examination for entry to Canada, the doctors found that you have inactive tuberculosis (TB). This means that you have been exposed to TB bacteria and that your body defences have contained the infection or that you may have received treatment for TB in the past.

TB is a disease caused by bacteria and it can be easily treated. TB is spread from people who have the active form of the disease to others who share the same house or small working space. You may not know or have forgotten when you got TB because the kind of TB you have does not make you feel sick. You feel fine now because the TB bacteria are inactive.

While you do not have active TB now, you may be in danger of getting it at some time in your life. To make sure that this does not happen, you need to see doctors or nurses who know a lot about TB so that they can tell you whether there is anything else you need to do to stay healthy.

To begin this process, you must contact a public health authority in the province/territory where you live. Please refer to the information in this handout for instructions.

Thank you for your cooperation.

Medical surveillance handout: Syphilis

Your immigration medical examination has shown that you have evidence of previous syphilis infection that has been treated prior to entering Canada.

Syphilis is a disease of public health concern because persons with active syphilis can transmit this disease to other people.

To maintain your own health, and to protect your family members and people in Canada, you must telephone a public health authority in your province/territory of residence, unless you are living in Quebec.* You are required to telephone the public health authority within thirty (30) days of entering Canada, or if you are already living in Canada, within thirty (30) days of receiving this handout. Please see below for public health authority telephone numbers and instructions if your province of residence is Quebec.*

If you do not speak English or French, you may wish to ask someone to help you make this telephone call.

When you telephone the public health authority, they will ask you for information on your "Medical Surveillance Undertaking" form (IMM 0535B) which you should have available at the time you make the telephone call.

You will be instructed where and when you must attend for your follow-up appointment. **Please take your IMM 0535B and this handout with you at that time.**

If you change your address or telephone number before the public health follow-up is completed, you are required to provide updated information to the public health authority in your area.

Public health authorities in Canada for syphilis:

Ontario	Tel: 1-888-608-6880
British Columbia	Tel: (604) 707-5600
Nova Scotia	Tel: (902) 481-5888

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Alberta	Tel: (780) 427-2830
Nunavut	Tel: (867) 975-5775
Manitoba	Tel: (204) 788-6736
Prince Edward Island	Tel: (902) 368-4996
New Brunswick	Tel: (506) 453-2323
Saskatchewan	Tel: 1-877-800-0002
Newfoundland	Tel: (709) 729-3430
Yukon Territory	Tel: (867) 667-8323
Northwest Territories	Tel: (867) 920-8646

***Quebec:** The Public Health Department will contact you by mail with information on medical follow up. There is no need to telephone the Public Health Department unless there is a change in address or if, after one month, you have not heard anything from them. If you have a change of address or you have not heard from the Health Department after one month, telephone (514) 528-2400 ext. 3881.

Syphilis information

Syphilis is a disease spread from one person to another by sexual intercourse. A pregnant woman who has infectious syphilis can pass the infection to her unborn child.

Syphilis occurs in four stages:

The **1st stage** has painless open sores, usually around the genitals or mouth, which generally appear three weeks after exposure.

The **2nd stage** occurs four to ten weeks later with flu-like symptoms and a rash on the palms of the hands, soles of the feet or entire body.

Both the first and second stages are highly infectious and may go unnoticed. This may last up to one year.

Latent syphilis is a resting state, which is non-infectious. Even without treatment, the symptoms go away but the disease can progress over several years to the last stage.

Tertiary syphilis is the last stage which may result in heart disease, nerve and brain damage, or death.

While you do not have serious syphilis now, it may get worse at some time in your life. To make sure that this does not happen, you need to see doctors or nurses who know a lot about syphilis so that they can tell you whether there is anything else you need to do to stay healthy.

To begin this process, you must contact a public health authority in the province/territory where you live. Please refer to the information in this handout for instructions.

Thank you for your cooperation.

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Appendix C How to complete Part A of the IMM 0535B

Form IMM 0535B must be completed for all clients requiring surveillance by the public health authorities in Canada. The client must present the IMM 0535B at the port of entry upon arrival in order to ensure that proper medical follow-up takes place in Canada.

Follow these steps to complete a medical surveillance form:

S T E P	ACTION
1	<p>Fields 1-6: Complete these self-explanatory sections.</p> <p>Note: Print legibly with sufficient pressure to ensure clear transfer through the carbon.</p>
2	<p>Field 7: Enter a contact address and/or telephone number in Canada.</p> <p>Note: It is imperative to enter contact information in this field. The IMM0535B is crucial in notifying the Canadian provincial/ territorial health authorities that medical surveillance is required.</p> <p>Possible contact information is the address/telephone number of:</p> <ul style="list-style-type: none"> • The client • The sponsor • A relative • A friend • The educational institute (include the discipline of study) • The employer • Non-government organization (NGO)
3	<p>Field 8: Select box S2.02 or S2.04 to match the surveillance code from the Medical Assessment Screen/Diagnosis Narrative (PF3 CAIPS) or Medical Screen (MS FOSS) in order to enter the reason why medical surveillance is required.</p>
4	<p>Fields 9-11: Complete these self-explanatory sections.</p>
5	<p>Provide the client with a completed form IMM 0535B stapled to the appropriate Medical Surveillance Handout, together with the entry document (i.e., IMM 5292B, Generic Document - 4 Part Distribution). Enter note in CAIPS that the IMM 0535B was issued. For temporary residents, enter the medical details above/below the temporary resident visa counterfoil as follows: surveillance code, medical file number and validity of medical results, e.g., S2.02 (ABC1234567) 25.Jul.01</p>

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Appendix D Health follow-up handout: HIV infection

Your immigration medical examination for entry to Canada has shown that you have evidence of being infected with the human immunodeficiency virus (HIV). If you are a refugee or a refugee claimant, your HIV results will not negatively affect the processing of your case.

HIV is a virus transmitted from one individual to another through contact with blood or body fluids. Sexual contact and sharing contaminated needles, especially in intravenous drug use, may lead to HIV infection. Infected pregnant mothers can transmit the virus to their unborn babies. HIV infection may progress to AIDS and may be complicated by a wide variety of medical disorders requiring close medical attention.

It is important for your health and well-being that you seek medical advice from health practitioners who are experienced in treating and supporting persons with HIV infection. There are now medications to help slow the progression of HIV.

To maintain your own health, as well as to protect your family members, **you are advised to telephone a health clinic specializing in HIV following your entry into Canada.** The telephone numbers listed below will assist you in locating a clinic.

If you do not speak English or French, you may wish to ask someone to help you make this telephone call.

Provincial/territorial HIV/AIDS coordinators:

Ontario	English: 1-800-668-2437 French: 1-800-267-7432
Quebec	1-888-855-7432
British Columbia	1-800-994-2437
Alberta	1-800-772-2437
Saskatchewan	1-800-667-6876
Manitoba	1-800-782-2437
Nunavut	1-800-661-0795
Nova Scotia	1-800-566-2437
Prince Edward Island	1-800-314-2437
New Brunswick	1-800-561-4009
Newfoundland & Labrador	1-800-563-1575
Yukon	1-800-661-0408 x 8323
Northwest Territories	1-800-661-0844

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Appendix E Procedural Fairness Letter

Date:

File:

Dear:

This refers to your application for permanent residence in Canada.

I have received a medical notification stating that [you/dependant (state dependant's name) are/is] have/has the following medical condition or diagnosis: (insert name of disease or condition and diagnosis from IMM 5365B), which in the opinion of a medical officer:

(put in narrative from IMM 5365B).

This information raises concerns that you/your dependant (may be a danger to public health/public safety in Canada/can be expected to cause excessive demands on health or social services in Canada). For this reason, you may be a member of the inadmissible class under section A38(1) of the *Immigration and Refugee Protection Act* and your application for permanent residence could be refused.

A38(1) states that "A foreign national is inadmissible on health grounds if their health condition is likely to be a danger to public health;

is likely to be a danger to public safety; or

might reasonably be expected to cause excessive demand on health or social services."

Before I make my final decision, you may submit additional information or documents relating to the above medical condition, diagnosis or opinion. You may also submit any information addressing the issue of excessive demand if it applies to your case.

You have until (date of letter plus sixty days) to submit additional information to our office at the address shown below. Please ensure that you quote the file number, indicated at the top of this letter on any information you submit. We will then forward the information to the appropriate medical officers who will review the material and advise us of their conclusions.

You are responsible for any fees charged by doctors or other professionals you consult as a result of this opportunity to submit new information.

You must provide any additional information within sixty days of the date of this letter. If you choose not to respond with additional information, a decision will be rendered in your application based on the information before us.

Yours truly,

(Appropriate signature block)

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Appendix F Letter to medical officer

Re: new medical information

Office File:

Medical file:

Director, Operations

Health Management Branch

Citizenship and Immigration Canada

Canadian Building, 3rd Floor

219 Laurier Avenue West

Ottawa, Ontario

K1A 1L1 Canada

or the specific address for the medical officer overseas

Dear Doctor:

re: (Applicant's complete name and DOB)

Enclosed is additional medical material submitted under procedural fairness on behalf of the above- named applicant who was previously assessed at your office under the above-referenced medical file number.

Kindly review the material and advise us of your conclusions at your earliest opportunity.

Sincerely,

Immigration Section

Enc.