



CLIENT CONSENT AND DECLARATION

CLIENT CONSENT - (client 16 years and over)

I, _____, declare that all information provided by me during my immigration medical examination in support of my application to Citizenship and Immigration Canada (CIC) is true, correct and complete. I have reviewed the medical history information provided by me and declare it is true, correct and complete.

I give my consent and authorization for the panel physician, radiologist, and health workers or hospital to collect and report the results of my immigration medical examination to CIC.

I understand that CIC:

- may release the information collected related to my immigration medical examination to, and
- may collect medical information about me from a federal, provincial or territorial public health or social service agency in Canada, or a physician or health worker in Canada for purposes related to the administration of Canada's *Immigration and Refugee Protection Act* or to protect the health and safety of Canadians and
- will use and disclose my information in a manner that is consistent with Canadian privacy law applicable to CIC.

This information is provided in support of my application to CIC and is collected under the authority of the *Immigration and Refugee Protection Act*. It will be used to render a decision regarding this application and may be used for future applications. The information is retained to maintain a record of my application for the purpose of the administration of the Act. The information will be retained in the Personal Information Banks of CIC being CIC PPU 051, CIC PPU 054, or CIC PPU 055, depending upon the type of application made, as well as in CIC APB 012, CIC PPU 042 and CIC PPU 051.

I, _____, have read and understand this notice and consent. I provide my consent voluntarily by signing this form.

I understand that misrepresentation by an applicant providing false or misleading information is an offence under section 127 of Canada's *Immigration and Refugee Protection Act* and may result in a finding of inadmissibility to Canada or removal from Canada.

Client's family name	Client's given name(s)	Date of birth (YYYY-MM-DD)
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_____ Signature of client	_____ Date (YYYY-MM-DD)
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DECLARATION OF PARENT/GUARDIAN - (client under 16 years of age)

This declaration was made on behalf of	by: Name of parent/guardian
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_____ Signature of parent/guardian	_____ Date (YYYY-MM-DD)
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