

# Immigration Medical Exam Documentation

## Applicant Information

Full Name

Date of Birth

Passport Number

Country of Origin

Address

## Medical Examination Details

Date of Examination

Physician's Name

Clinic/Hospital Name

Clinic/Hospital Address

## Medical History

Relevant Medical History

Medications

Allergies

# Physical Examination

Physical Findings

Lab Tests Performed

Vaccination Status

X-Ray Results

## Examiner’s Summary & Recommendations

Summary

Recommendations

## Certification

Examiner Signature

Date