



Client Declaration and Notice (eMedical)

I, (NOMBRE DEL PADRE O MADRE) declare that all information provided by me during the Immigration Medical Examination (IME) of (NOMBRE DEL MENOR) in support of my application to Immigration, Refugees and Citizenship Canada (IRCC) is true and complete.

I understand that a panel physician and affiliated health professionals and institutions will conduct the IME and related tests for the purpose of determining my admissibility or inadmissibility on health grounds pursuant to the *Immigration and Refugees Protection Act* (IRPA), and will enter the results into the eMedical system which will then be transferred to IRCC by the Australian Department of Home Affairs (Home Affairs). The IME includes (but is not limited to) a full physical examination, a questionnaire related to my past and current health condition(s), a chest x-ray, HIV and Syphilis blood tests, and a urine test.

Storage of Immigration Medical Information in the eMedical System

I understand that the information collected and stored related to my immigration medical examination, including a digital facial photograph, will be electronically processed in the eMedical system. The eMedical system is an electronic system, which is hosted, operated and maintained by Home Affairs. The information collected which relates to my IME will be temporarily stored in the eMedical system and electronically transferred to IRCC in Canada. Home Affairs and IRCC may share this information for purposes related to the operation and maintenance of the eMedical system. Home Affairs will preserve and keep confidential any information in relation to my IME that is collected or stored within eMedical and will not use or disclose the information for any other purposes unless authorized by law.

I also understand that:

- If the information collected in relation to my IME is not stored within the eMedical system, then the processing of my application will be delayed;
- Home Affairs and IRCC have privacy policies that contain information about how I can access the information collected and stored in eMedical, seek the correction of such information, submit a complaint regarding a breach of privacy laws or codes of practice that apply to Home Affairs or IRCC, and how Home Affairs and IRCC deal with such complaints.
- Clients to Canada seeking access to the information collected and stored in eMedical should contact IRCC which will liaise with Home Affairs as required.
- Home Affairs' privacy policy is available at: <https://www.homeaffairs.gov.au/about/access-accountability/plans-policies-charters/policies/privacy>
- IRCC's privacy policy is available at: <http://www.cic.gc.ca/english/department/atip/index.asp>

Notice of Subsequent Sharing of Medical and Personal Information

If the results of this IME indicate that I have a medical condition related to a danger to public health, I understand that a condition of my admissibility to Canada will be a requirement to report to a provincial/territorial or local public health authority for a medical follow-up (medical surveillance) upon my arrival in Canada.

I understand that IRCC will:

- Notify the appropriate public health authority of these results, and the requirement for medical follow-up (medical surveillance) for purposes related to the administration of IRPA and to protect the health and safety of Canadians;
- Share the information contained in my IME with the public health authority;
- Collect information from the public health authority regarding compliance with the medical follow-up (medical surveillance) requirement in Canada;
- Update my immigration file condition upon receipt of the compliance information.



I also understand that any change of residential address in Canada within 3 months of arrival in Canada must be provided to IRCC.

I understand that misrepresentation by an applicant providing false information is an offence under section 127 of IRPA and may result in finding of inadmissibility to Canada or removal from Canada.

I understand that I have a right to refuse (in full or in part) to have the IME but accept that such a refusal will have a negative impact on my application for immigration to Canada.

I, (NOMBRE DEL PADRE O MADRE) have read and understand this declaration and notice.

APellidos del menor	Nombres del menor	Fecha nacimiento
_____ Signature of client		_____ Date (YYYY-MM-DD)
DECLARATION OF PARENT/LEGAL GUARDIAN (client under 16 years of age)		
This declaration was made on behalf of: (NOMBRE DEL MENOR)		By: (NOMBRE DEL PADRE O MADRE)
_____ Signature of parent/legal guardian		_____ Date (YYYY-MM-DD)

Name of witness: JOSE IGNACIO RESTREPO RESTREPO

Signature of witness: _____ Date: _____

This information is provided in support of my application to IRCC and is collected under the authority of IRPA and its Regulations. It will be used to render a decision regarding this application and may be used for future applications. It is retained to maintain a record of my application for the purpose of the administration of IRPA. It will be stored in the Personal Information Bank IRCC PPU 052 related to Medical Records. It may be shared with other organizations under the consistent use provision of the Privacy Act, pursuant to federal/provincial/territorial or local information exchange agreements or as required by law. Under the Privacy Act and the Access to Information Act individuals have the right to protection of an access to their personal information. Details on these matters are available at www.infosource.gc.ca . Info Source is also available at Public Libraries in Canada.