



UMI U000020045

Health case details

Visit date:

Client personal details

Family name: **TEST**
Given names: **CIC**
Gender: **FEMALE**
Date of birth: **25 Nov 1984**
Country of birth: **ITALY**

Client identity details

Identity document presented: **Original Passport**
Identity document number: **CIC**
Issuing country: **ITALY**
Date of issue: **10 Jun 2015**
Date of expiry: **10 Jun 2020**
Source: **Clinic**

Client visa details

IME: **EDE**
Upfront medical type: **Family-EDE**

Additional Information

Preferred language

English

Contact channels

Contact type	Contact Details	Primary	Comments
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Client Declaration

Examinations required for this visa application

Exam	Status	Clinic
501 Medical Examination	Required	
502 Chest X-ray Examination	Required	
707 HIV test	Referred	Ottawa Medical
712 Syphilis Test (VDRL or RPR)	Referred	Ottawa Medical

Health Case attachment

Document Type	Attached
Signed eMedical client declaration	No

501 Medical Examination

Exam description: Full physical medical examination report required
Exam status: Required
Clinic: -

Health case details

Exam date -

Confirm Identity

Issuing country
Identity document presented
Identity document number
Date of issue
Date of expiry
Do you have identity concerns?

Medical History

History or informed of

Tuberculosis (TB), treatment for tuberculosis? -
Close household contact with Tuberculosis (TB)? -
Prolonged medical treatment and/or repeated hospital admissions for any reason, including a major operation or psychiatric illness -
Psychological/Psychiatric Disorder (including major depression, bipolar disorder or schizophrenia) -
An abnormal or reactive HIV blood test -
An abnormal or reactive Hepatitis B or hepatitis C blood test? -
Cancer or Malignancy in the last 5 years -
Diabetes -
Heart condition including coronary disease, hypertension, valve or congenital disease -
Blood condition (including thalassemia) -
Kidney or Bladder Disease -
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) -
An addiction to drugs or alcohol -
Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements)? Please list -
Are you pregnant? -

Client declaration

Doctor declaration

Attachments

Document Type	Attached
-	No

Basic questions

Chaperone

Chaperone present?: -

Interpreter

Interpreter present?: -

Height & Weight

Height : -

Height percentile : -

-

Weight : -

Weight percentile: -

Head circumference

Head circumference: -

Head circumference percentile: -

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Body Mass Index (BMI) : -

Blood pressure

Initial blood pressure

Systolic: -
Diastolic: -

Eyes

Visual acuity with or without correction:

Best distance visual acuity (with or without correction):

Left eye: -

Right eye: -

Urinalysis

Detailed questions

All systems

Cardiovascular system -
Respiratory system -
Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities -
Gastrointestinal system -
Musculoskeletal system (including mobility for all persons 60 or more years of age) -
Endocrine system -

Brain and cognition

Mental and cognitive status -
Intellectual ability -

Ears, nose, throat and mouth

Eyes (including fundoscopy) -
Ear/nose/throat/mouth -
Hearing -

Miscellaneous

Skin and lymph nodes -
Evidence of drug taking (for example venous puncture marks) -
Are there any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment or living independently now or in the future? -

Examiner Declaration

I declare that this health examination report is a true and correct-record of my findings:

Date of Declaration: -

Provide Grading

Grading: **Not yet provided**

502 Chest X-ray Examination

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Exam description Full chest x-ray examination report and x-ray is required.
Exam status Required
Clinic -
Exam date -

Confirm Identity

Issuing country
Identity document presented
Identity document number
Date of issue
Date of expiry
Do you have identity concerns?

Pregnancy

Is the client pregnant? -
When does the client expect to give birth? -
Has the pregnant woman advised that she wishes to proceed with the required x-ray examination? -
Client wishes to undergo the x-ray and must agree to the declaration: -
Pregnancy declaration: -

Attachments

Document Type	Attached
Chest x-ray image	No

X-ray Images

Date of x-ray -

Chaperone

Interpreter

Chaperone present?: - Interpreter present?: -

Detailed question

Skeleton and soft tissue: -
Cardiac shadow: -
Hilar and lymphatic glands: -
Hemidiaphragms and costophrenic angles: -
Lung fields: -
Evidence of Tuberculosis (TB): -
Are there strong suspicions of active Tuberculosis (TB)?: -

Special findings

Minor findings

Single fibrous streak/band/scar (1.1)
Bony islets (1.2)
Apical pleural capping with a smooth inferior border (<1cm, thick at all points) (2.1)
Unilateral or bilateral costophrenic angle blunting (below the horizontal) (2.2)
Calcified nodule(s) in the hilum/mediastinum with no pulmonary granulomas (2.3)

Minor findings (sometimes associated with TB infection)

Solitary Granuloma (<1cm and of any lobe) with an unremarkable hilum (3.1)
Solitary Granuloma (<1cm and of any lobe) with calcified/enlarged hilar lymph nodes (3.2)

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Single/Multiple calcified pulmonary nodules/micro-nodules with distinct borders (3.3)
Calcified pleural lesions (3.4)
Costophrenic angle blunting (either side above the horizontal) (3.5)

Findings sometimes seen in active TB or other conditions

Notable apical pleural capping (rough or ragged inferior border and/or greater than or equals to 1cm thick at any point) (4.0)
Apical fibro-nodular/fibrocalcific lesions or apical micro-calcifications (4.1)
Multiple/single pulmonary nodules/micro-nodules (non-calcified or poorly defined) (4.2)
Isolated hilar or mediastinal mass/lymphadenopathy (non-calcified) (4.3)
Single/multiple pulmonary nodules/masses \geq 1cm (4.4)
Non-calcified pleural fibrosis and/or effusion (4.5)
Interstitial fibrosis/parenchymal lung disease/acute pulmonary disease (4.6)
Any cavitating lesion or Fluffy or Soft lesions felt likely to represent active TB (4.7)

Examiner Declaration

I declare that this health examination report is a true and correct -
record of my findings:
Date of Declaration: -

Provide Grading

Grading: **Not yet provided**

707 HIV test

Exam description HIV testing and laboratory results are required.
Exam status Referred
Clinic -
Exam date -

Confirm identity

Was the client's identity confirmed? -

Record results

Post test counselling provided -
HIV test result -
Repeat HIV test result -

General Supporting comments

Attachments

Document Type	Attached
HIV test report	No

712 Syphilis Test (VDRL or RPR)

Exam description Syphilis testing and results are required
Exam status Referred
Clinic -
Exam date -

Confirm identity

Was the client's identity confirmed? -

Health case details

Record results

Syphilis test result -
Repeat Syphilis test result -
General Supporting Comments -

General Supporting comments

Attachments

Document Type	Attached
Syphilis laboratory report	No