

HOLBROOK SURGERY
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Horsham
West Sussex
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Dr J P Heatley Dr P M Woods Dr A Williams
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Thank you for your enquiry regarding your Canadian Medical examination. We follow strict protocols set down by the Canadian High Commission, we advise for the prompt processing of your application, you comply with any tests they may require.

EXAMINATION: Please arrive promptly for your appointment, you will be asked to provide a small specimen of urine on arrival. Please bring with you:

- ❖ **Medical report form Section A Client ID and summary OR Appendix C for sponsored applicants**
- ❖ **Photographs 2 additional or 4 for sponsored EDE/EFC applicants**
- ❖ **X-ray form (available from reception)**
- ❖ **Payment in cash (costs below)**
- ❖ **HIV consent form**
- ❖ **Passport ID**

BLOOD TESTS See attached sheet.

CHEST X-RAY: Following your medical, we will direct you to our local hospital x-ray department hours 9 – 4.30pm (closed lunch 1-2). You must take with you the request form with attached photo, for signature by the radiologist for ID. They will perform a chest x-ray for you and send the results to us. You will need to pay the x-ray department IN CASH directly for this.

FEES: to include full examination, urinalysis and 2 blood tests which include Pathology Lab fees:
NB. THIS MUST BE IN CASH.

Adult :	£170.00
Child 15 – 18	£115.00
Child under 15	£ 60.00
Postage (special delivery)	£ 5.00 for children unaccompanied by adults only

X-ray	£60.32 (exact change – cash only to Horsham hospital)
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If additional tests for specific medical conditions eg blood pressure, diabetes, heart disease etc. are required, this may involve you in further costs. The examining doctor will inform you if any other tests are required. These are as follows:

ECG	£45.00
Additional blood tests	£40.00 each
Additional urine tests	£40.00 each
Additional Questionnaires	£15.00 each

If you have any further queries please contact Wenda Welsby, Secretary

PLEASE BRING THIS LETTER WITH YOU TO YOUR APPOINTMENT

Enc: Map of local area. Look on www.multimap.com for more detailed directions if required.

NOTE: All medical documents will only be sent to the Canadian High Commission in London where it will be forwarded, usually by email, to the appropriate country of origin. WE DO NOT ARRANGE OR SEND ANY APPLICATIONS BY COURIER.

CANADIAN MEDICAL BLOOD TEST REQUIREMENTS

In addition to the routine blood test requirement, applicants listed below are required to undergo an HIV test.

- 15 years and over.
- Children who have received blood or blood products, or have a known HIV positive mother.
- All potential adoptees.

Please read the enclosed form before your appointment as you will be asked to sign a consent form.

RESULTS : Applicants may be asked to make a further appointment. All results will be sent to the High Commission with the medical forms.

If you wish to be informed of the results you may either:

- a) Consult your own GP if you have consented to his receiving your test result.
- b) Return for a further consultation here. The cost of this further consultation will be £30.00

NB Result may take 2 weeks

NO RESULTS WILL BE GIVEN OVER THE TELEPHONE TO ANYONE.

**Information relating to the requirement of HIV Testing (AIDS test) & Consent Form.
Please bring this with you to your medical examination.**

As evidence of overall health requirement, the Canadian High Commission require this test as part of their Medical Examination.

The Designated Medical Practitioner with whom you have made an appointment will arrange for the test to be carried out and the result sent to the High Commission with the rest of your results and examination report. The result will be protected by a strict code of confidentiality. Without your written consent it will not be passed on to any individual, including your own General Practitioner.

However, in the unlikely event that a test proves positive (and subject to checks to preclude false positive results) we would wish to have the name and address of a doctor or clinic to whom you could be referred to arrange for professional counselling. **PLEASE PROVIDE THE NAME AND ADDRESS ON YOUR CONSENT FORM.**

A positive test means that you have been exposed to the Human Immunodeficiency Virus (HIV) and have developed antibodies. It may mean that you are infectious, and could infect others. It does not, however, mean that you have AIDS or will necessarily develop the disease. A positive test result can have major social consequences, and you may decide that you do not wish to have the test performed. However, you must understand that is now a requirement for your application.

I declare that I am willing to undergo testing for the HIV antibodies (AIDS test), and I consent to the taking of the appropriate sample for this purpose. I have read and understood the explanatory note and have had the opportunity to discuss its implications with the examining Doctor.

NAME: _____ **DOB** _____

TEL: _____

ADDRESS:

Signature _____ Date _____

Witnessed _____ Date _____

Please indicate if you wish the result to be sent to your GP **YES / NO**

Please state the name and address of your GP or clinic to whom we may advise the result.
