



MEDICAL CERTIFICATE

Your patient has a proceeding before the Refugee Protection Division (RPD) of the Immigration and Refugee Board of Canada (IRB). They must explain why they were unable or will be unable to proceed with a matter before the RPD.

A. TO BE COMPLETED BY THE PATIENT (RPD claimant):

Patient's name: _____	IRB RPD File Number: _____
Patient's date of birth: _____	_____

Please select all of the circumstances below that apply:

- I was not able/will not be able to provide a Basis Of Claim (BOC) Form on (Date) _____
- I was not able/will not be able to appear for a hearing on (Date) _____
- Other (explain)

Patient's signature: _____ Date of signature: _____

B. TO BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER:

Please describe the particulars of the patient's medical condition that prevented them from proceeding with their matter before the RPD. **Please do not include your patient's diagnosis:**

(Please use extra sheet if necessary)

When will the patient be fit to proceed with their matter before the IRB: _____ (Date) _____

Practitioner's name and title: _____
(Please Print or stamp)

Address:

Telephone number: _____

Practitioner's signature: _____

Date of signature: _____