

CANADA

Application/Demande: [REDACTED]

UCI/IUC: [REDACTED]

VISITOR RECORD/FICHE DE VISITEUR

CLIENT INFORMATION/INFORMATION DU CLIENT

Family Name/Nom de Famille: [REDACTED]  
 Given Name(s)/Prénom(s): [REDACTED]  
 Date of Birth/Date de naissance: [REDACTED] (yyyy/mm/dd - aaaa/mm/jj)  
 Sex/Sexe: [REDACTED]  
 Country of Birth/Pays de naissance: [REDACTED]  
 Country of Citizenship/Citoyen de: [REDACTED]  
 Travel Doc No./N° du document de voyage: [REDACTED]

ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE

Date Issued/Délivré le: [REDACTED] (yyyy/mm/dd - aaaa/mm/jj)  
 Expiry Date/Date d'expiration: [REDACTED] (yyyy/mm/dd - aaaa/mm/jj)  
 Case Type/Genre de cas: [REDACTED]  
 In Force From/En vigueur le: [REDACTED] (yyyy/mm/dd - aaaa/mm/jj)

Conditions:

1. MUST COMPLY WITH ALL REQUIREMENTS IMPOSED ON THEM BY AN ORDER OR REGULATION MADE UNDER THE EMERGENCIES ACT OR QUARANTINE ACT AS PER R183(1)(D)
2. MUST REPORT FOR A MEDICAL DIAGNOSTIC TEST TO IDENTIFY CONDITIONS OF PUBLIC HEALTH CONCERN WITHIN 90 DAYS.

Remarks/Observations:

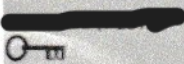
CUAET/AVUCU - UKRAINE SPECIAL MEASURES 2022

ACCOMPANYING DEPENDENT.

THIS DOCUMENT ALSO AUTHORIZES THE HOLDER TO ATTEND SCHOOL.

\*\*\*THIS DOES NOT AUTHORIZE RE-ENTRY/CECI N'AUTORISE PAS LA RÉ-ENTRÉE\*\*\*

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