



CONSULATE GENERAL OF THE REPUBLIC OF TRINIDAD AND TOBAGO

185 Sheppard Avenue West, Toronto, Ontario, M2N 1M9

Tel: (416) 495-9443 Fax: (416) 495-6934, Email: congencanada@foreign.gov.tt

REQUEST FOR VERIFICATION OF MEDICAL PRACTITIONER

(to be completed by the applicant)

Date:

Full name of applicant:

Address of applicant in Canada:
.....
.....

Telephone number in Canada:

Ministry/Department
to be addressed:
.....

Name of doctor:

Address of doctor:
.....

Telephone contact of doctor:

Signature of applicant:

Instructions: Applicant **MUST** submit the **ORIGINAL** Medical Certificate from the doctor, together with a completed copy of this form via post to 185 Sheppard Avenue West, Toronto, Ontario, M2N 1M9.