



## CONSULATE GENERAL OF THE UNITED STATES

LEVEL 59 MLC CENTRE 19-29 MARTIN PLACE SYDNEY NSW 2000

<http://sydney.usconsulate.gov/sydney> Email: [Sydneyiv@state.gov](mailto:Sydneyiv@state.gov) Fax: 61-2-9373-9185

### **MEDICAL EXAMINATION INSTRUCTIONS**

Each applicant is required to have a medical examination in connection with an immigrant visa application to the United States. You should, therefore, make an appointment for a medical examination with [one of the doctors](#). Please bring your passport(s), 3 recent photographs, and your vaccination records to your medical appointment. It is important that you take your vaccination records to the panel physician examination. It is required that the panel physician administers the appropriate [vaccines](#).

If you do not speak English fluently, please take an adult interpreter with you.

Each person immigrating, regardless of age, is required to have a medical examination in connection with the immigrant visa application. An X-ray examination for tuberculosis and a serological test are required for each visa applicant who has reached his or her 15th birthday. In some circumstances, medical examiners may require these tests of persons younger than 15.

As of January 4, 2010, HIV infection is no longer defined by the Center for Disease Control (CDC) as a communicable disease of public health significance. Testing for HIV infection is therefore no longer required as part of the US immigration medical screening process. HIV infection no longer requires a waiver for entry into the United States. The CDC determined that while HIV infection is a serious health condition, it is not a communicable disease that is a significant public health risk for introduction, transmission, and spread through casual contact.

Effective December 14, 2009, the HPV (human papillomavirus) and zoster vaccines are being removed from the list of immunizations that some immigrant visa applicants must receive. Previously, all female immigrant visa applicants age 11 to 26 seeking permanent resident status were required to receive the first dose of the vaccine. For more information, please refer to the [Center for Disease Control](#).

In most cases the examining physician will return the completed medical report with the results of the chest X-Ray and blood test directly to you. You must bring the medical examination results with you to your formal visa interview. Unless otherwise indicated by the panel physician or by this office, the X-Ray film (or CD) is not required on the day of interview but must be taken to the United States, retained for your own personal records, and brought to any follow-up medical appointments in the United States. In certain circumstances the examining physician will send your test results directly to the Consulate.

Medical examination results can take up to two weeks to be completed. They can only be conducted by one of the authorized panel physicians listed on page 2. No other physician may perform this examination. Medical examinations cannot be performed in the United States. An immigrant visa will not be issued without the results of a full medical examination.

Medical reports are valid for six or twelve months from the date of examination, depending on the examination results. Your medical report must be valid at the time of your entry into the United States. If the report is valid less than six months, your visa will be limited to match the validity of your medical report.

All medical fees are to be paid in cash only on the day of the examination. The U.S. Government does not pay medical fees. The medical forms will be provided by your chosen panel physician.

<b>Name</b>	<b>Address</b>	<b>Phone</b>
<b>New South Wales and the ACT</b>		
Dr. Anthony Millar	3 <sup>rd</sup> Floor, Suite 1 187 Macquarie St. Sydney, NSW 2000	(02) 9232-3932
Dr. Joseph N. Waks	George St. Medical Centre 1st Floor, 308 George Street Sydney, NSW 2000	(02) 9239-1677
Dr. David Lee	Red Hill Shopping Centre La Perouse Street Red Hill, ACT 2603	(02) 6295-0966
<b>Queensland</b>		
Dr. Gary Litherland	Cairns Tourist & Local Medical Services Cairns Travel Clinic 15 Lake Street Cairns, QLD 4870	(07) 4041-1699 www.ctlmedical.com.au
Drs. Ross Taylor, Brian Kable & James Yates	Anzac Square Medical Center 280 Ann Street Brisbane, QLD	(07) 3229-1344
<b>South Australia</b>		
Dr. David Miller	183 Tynte Street N. Adelaide, SA 5006	(08) 8267-5600
<b>Victoria</b>		
Dr. Charles Okraglik	Bridge Street Clinic 141 Bridge Street Port Melbourne, VIC 3207	(03) 9646-3551
<b>Tasmania</b>		
Dr. John Banks	270 Sandy Bay Road Hobart, TAS 7000	(03) 6223-6822
<b>Northern Territory</b>		
Dr. Augustine Matarazzo	The Medical Centre 69 Bath Street Alice Springs, NT 0871	(08) 8952-2000
<b>Western Australia</b>		
Dr. John Bateman	Australia Place Ground Floor 15-17 William Street Perth WA 6000	Tel: (08) 6222 6555 Fax: (08) 9242-9732 E: jbateman@primehealth.com.au

Dr. Elizabeth Sinclair <i>Dr. Sinclair will not be available to conduct medical examinations at her Mill Street and Altone Medical Centres between August 30 and October 10, 2010.</i>	Mill Street Medical Mill Street Medical Practice Ground Floor, 5 Mill Street Perth, WA 6000	(08) 9322-4788
Altone Medical Centre	2 Hull Way Beechboro, WA 6063	(08) 9279-1079

9 FAM 42.66 Exhibit II

*The applicants must have 3 recent photographs of themselves, with the likenesses confirmed with official documents containing the applicants' photographs. One photo will be presented at the time of the panel physician contact, and will be stapled to the front of the **Medical Examination for Immigrant or Refugee Applicant (DS-2053)**. The other two will be separately attached to the requests for blood collection, and for Chest X-ray.*

**SECTION I: PRINCIPAL APPLICANT TO COMPLETE THIS SECTION**

My passport, or other official identification document on which my photograph is attached, contains the following information:

Full name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Nationality: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's signature - in presence of panel physician) (Date)

**SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS**

I am satisfied that the person being examined is the bearer of the passport or other document described above.

Signature of examining panel physician: \_\_\_\_\_

Signature of X-Ray supervisor: \_\_\_\_\_

Signature of laboratory technician: \_\_\_\_\_

**IMPORTANT FOR PANEL PHYSICIAN:**

Please attach photographs as follows:

PHOTO #1: Attach to Form DS-2053

PHOTO #2: Attach to your referral form for Chest-X-ray request

PHOTO #3: Attach to your referral form for Blood Collection