

ATTENTION:

Effective June 16, 2014 all medical examinations will be conducted at a new location as follows:

**IOM Migration Health Unit
16-V Gorkogo Street
Kyiv, Ukraine
Telephone: 044 584 36 68
E-mail address: iomkievmhd@iom.int**

ALL immigrant visa and **K** visa applicants, regardless of age, **must** have a **medical examination**.

Prior to June 16, 2014 the medical examination must be done in Kyiv at the following address:

Ukrainian Clinical Medical Rehabilitation Cardiac Surgery Center

8 Mykoly Amosova Street
Kyiv, Ukraine
Telephone: 044 270 27 09
E-mail address: iomkievmhd@iom.int

The Hospital, in cooperation with the Migration Health Department of International Organization for Migration, performs medical examinations Monday through Friday between 9:00 a.m. and 12:00 p.m. by appointment only. Please schedule an appointment in advance by phone 044 270 27 09. The results of medical examination are given to the applicants at 3:00 p.m. on the day of the appointment unless additional medical screening is required.

The medical examination fee is \$215 USD for all applicants regardless of age, excluding vaccination fees.

The fees for medical examination and vaccinations are paid in **Ukrainian Hryvnya only**. Prior to June 16, 2014 the fees can be paid at the following address: 8 Mykoly Amosova Street.

Each applicant must present the following documentation:

- **International passport** (for children below age 16 – travel document of a child with photo or a passport of mother/father with a child's photo)
- 3 full frontal view **photographs 50 x 50 mm**
- **Military service card**
- **Vaccination chart with the seal of the issuing clinic** (mandatory for immigrants, optional for K visa applicants)
- **Embassy case number**

Should examinees require additional vaccinations administered, they will be charged for these separately.

VACCINATION REQUIREMENTS

(for immigrants only, not for K visa applicants)

U.S. immigration law requires immigrant visa applicants to obtain certain vaccinations (listed below) prior to the issuance of an immigrant visa. Panel physicians who conduct medical examinations are required to verify that immigrant visa applicants have met vaccination requirements, or that it is medically inappropriate for the visa applicant to receive one or more of the listed vaccinations:

mumps	tetanus	influenza type B (HIB)
measles	diphtheria	hepatitis B
rubella	influenza	varicella
polio	pertussis	pneumococcal

In order to assist the panel physician and to avoid delays in the processing of an immigrant visa, all immigrant visa applicants should have their vaccination records available for the panel physician's review at the time of the immigrant medical examination. Visa applicants should consult with their regular health care provider to obtain a copy of their immunization record, if one is available. If you do not have a vaccination record, the panel physician will work with you to determine which vaccinations you may need to meet the requirements. Certain waivers of the vaccination requirement are available upon the recommendation of the panel physician. Only a physician can determine which of the listed vaccinations are medically appropriate for you, given your age, medical history, and current medical condition.

IMPORTANT INFORMATION FOR APPLICANTS

The medical examination consists of the following components: Tuberculin Skin Test for all children ages 2-14, chest X-Ray for adults ages 14 and older, blood test for syphilis for adults only, general physical examination, and vaccinations.

The medical screening for tuberculosis of those applying for U.S. immigration is an essential component of the medical evaluation. According to CDC (Centers for Disease Control and Prevention) guidelines, any applicant for whom the clinical suspicion of tuberculosis is high enough to warrant treatment for tuberculosis disease, regardless of laboratory results, is considered to have tuberculosis disease and is Class A for Tuberculosis (inadmissible to United States health condition).

All adult applicants ages 14 and older that have a chest X-Ray with findings suggestive of tuberculosis, have signs and symptoms of tuberculosis should provide three sputum specimens to undergo microscopy for Acid Fast Bacilli (AFB), as well as culture for Mycobacteria Tuberculosis. The results of chest X-Ray readings are available the same day.

All applicants 2-14 years of age should have a Tuberculin Skin Test (TST). The results of TST reaction are measured in 48-72 hours. If the TST is ≥ 10 mm or if the applicant has signs and symptoms of tuberculosis, a chest X-Ray should be performed. Applicants who have a chest X-Ray suggestive of tuberculosis, signs and symptoms of tuberculosis should provide three sputum specimens to undergo microscopy for AFB, as well as culture for Mycobacteria Tuberculosis. Applicants 2-14 years of age with a documented previous history of tuberculosis disease should have a chest X-Ray, even if their TST < 10 mm. All applicants between 2-14 years of age with previous documented positive TST result are not required to do a new TST but must do an X-Ray instead.

Many applicants may have previously received the BCG (Bacille Calmette-Guérin) vaccination. Prior receipt of BCG does not change the screening requirements or the required actions based on those results.

Applicants 10 years of age or younger who require sputum cultures, regardless of HIV infection status, may travel to the United States immediately after sputum smear analysis while culture results are still pending, provided none of the following conditions exist: sputum smears have already been reported as positive; X-Ray findings include one or more cavities or extensive disease; respiratory symptoms include forceful and productive cough; known contact with a person with multidrug-resistant tuberculosis who was infectious at the time of contact.

All applicants 2 years of age and younger must have a physical examination and history provided by a parent. Those applicants who have signs or symptoms suggestive of tuberculosis should have a Tuberculin Skin Test. If the TST is ≥ 10 mm a chest X-Ray should be performed. Applicants who have a chest X-Ray suggestive of tuberculosis, signs and symptoms of tuberculosis should provide three sputum specimens to undergo microscopy for AFB, as well as culture for Mycobacteria Tuberculosis.

Sputum smear results are normally available the next day after the last sputum specimen collection. Sputum cultures require a minimum of 8 weeks to complete.

Women who are pregnant and are required to have a chest X-Ray to immigrate may choose to postpone the chest X-Ray until after delivery, but prior to immigration. Pregnant women must provide written consent for the chest X-Ray. Pregnant women receiving chest radiographs will be provided abdominal and pelvic protection with double-layer, wrap-around lead shields.

Applicants with HIV infection will have three sputum specimens sent to the laboratory for AFB microscopy and culture. These applicants will not be cleared for travel until the results of the laboratory investigation are available.

Laboratory examination for tuberculosis disease will consist of at least three sputum specimens, which will undergo microscopy for AFB as well as culture for Mycobacteria Tuberculosis. Specimens reported as negative will be cultured for a minimum of 6 weeks, with a final report available within 8 weeks of collection. Positive Mycobacteria Tuberculosis cultures will undergo Drug Susceptibility Testing (DST) for first-line TB medications. DST results will be available within 10-12 weeks of sputum collection. Positive cultures that are resistant to first-line TB drugs will undergo drug susceptibility testing on second-line tuberculosis medications.

The medical evaluation is complete when all required aspects of the medical examination have been completed, including a final report of culture results, and the applicant can be assigned a Tuberculosis Classification. Travel clearances are valid for 6 months from the time the evaluation is complete for applicants who have no Tuberculosis Classification and who do not have HIV infection. Travel clearances are valid for 3 months from the time the evaluation is complete for applicants who have any kind of Tuberculosis Classification or who have HIV infection. Applicants who do not travel within the clearance period will need to restart the tuberculosis screening process. Any applicant diagnosed with pulmonary or laryngeal tuberculosis who needs treatment will not be cleared for travel until completion of successful treatment.

All applicants with pulmonary or laryngeal tuberculosis disease who need treatment will need to complete a minimum of 180 days of Directly Observed Therapy (DOT) prior to U.S. immigration. Applicants with positive sputum smears or positive cultures who do not want to be treated will not travel to the United States. Panel physicians will notify the Consulate of any Tuberculosis disease applicants refusing tuberculosis treatment at a designated DOT facility approved by CDC. Panel physicians will also notify the appropriate public health officials in Ukraine when they diagnose an applicant with tuberculosis disease.

Applicants diagnosed with tuberculosis disease by panel physicians, who are not treated at the designated DOT facilities approved by CDC, but receive treatment at other health care facilities will not be cleared for

travel to the United States. These applicants will need to repeat their medical screening examination 1 year after treatment was completed.

In exceptional medical situations, applicants undergoing pulmonary tuberculosis treatment may petition for a Class A waiver. Form I-601 must be completed. These petitions are reviewed by the Department of Homeland Security (DHS) on an individual basis and considered in situations with extenuating medical circumstances, and also sent to CDC for review. CDC reviews the application and provides an opinion regarding the case. DHS then has the final authority to adjudicate the waiver request.

Please be informed that the information provided above is a general overview of TB screening component of the medical exam. Any case specific interpretations of Technical Instructions can be done only by panel physicians and CDC. More detailed technical information is available at this link:
<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/tuberculosis-panel-technical-instructions.html>.