



MEDICAL EXAMINATION FOR IMMIGRANT VISA

An appointment for a medical examination can be made with one of the following doctors:

Dr. Kaesemans
 Dr. Jean Degreef
Centre Medical Meyser
Boulevard Leopold III no. 5
1030 Brussels
Phone: 02/705.81.14

Dr. Wildiers
Verversrui 34
2000 Antwerp
Phone: 03/232.17.28

Dr. Jean Koppes
 Dr. Sonja Adam-Becker
29 rue Alphonse München
L-2172 Luxembourg
Luxembourg
Phone 00352/45.83.93

Be sure to fill out the questionnaire concerning your medical background and present it to the doctor. Please also take your identity card or passport with you and one photo. The fee for the medical examination must be paid on the spot (see table below):

| | Brussels | Antwerp | Luxembourg |
|--------------|-----------|-----------|------------|
| | € | € | € |
| Consultation | 40 | 40 | 73 |
| X-Rays | 35 | 25 | 30 |
| Laboratory | 20 | 25 | 16 |
| Total | 95 | 90 | 119 |

leaves infected people vulnerable to serious illnesses that would not usually be a threat to anyone whose immune system was intact. This test is not to diagnose AIDS, but rather to detect antibodies to the virus. If the result is positive, it does not necessarily mean that you have AIDS or that you will get AIDS.

It is essential that you be on time for the medical examination. Failure to keep an appointment may delay your immigrant visa issuance. Please note that you need to bring your medical results on the day of your appointment at the Embassy.

The U.S. consular officer will be informed in case of a positive test. Also, it may be necessary to report positive results to the Belgian health authorities should the Belgian government make this mandatory.

Persons under 15 years of age do not require a blood test or X-rays. Women who are pregnant do not require X-rays.

A POSITIVE TEST RESULT MEANS THAT YOU WILL NOT BE ELIGIBLE TO RECEIVE A VISA.

A blood test for the antibody to the Human Immunodeficiency Virus (HIV) is required as part of your medical examination. HIV is the virus that is the cause of the Acquired Immune Deficiency Syndrome (AIDS). AIDS is the name given to a group of illnesses that may occur in persons infected with HIV. Infection with HIV causes a defect in a person's natural immunity against disease. This defect

IMPORTANT NOTICE TO IMMIGRANT VISA APPLICANTS CONCERNING VACCINATION REQUIREMENTS

Recent changes to United States Immigration Law now require immigrant visa applicants to obtain certain vaccinations (listed below) prior to the issuance of an immigrant visa.

Panel physicians who conduct medical examinations on behalf of immigrant visa applicants are now required to verify that immigrant visa applicants have met the new vaccination requirement, or that it is medically inappropriate for the visa applicant to receive one or more of the listed vaccinations: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B (HIB), hepatitis B, varicella, pneumococcal, and influenza.

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 requirement. 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.

Supplemental charges for vaccination against:

| | |
|---|---------|
| diphtheria, tetanus, and pertussis and polio (Tetravac) | 20,72 € |
| tetanus, diphtheria pro adulto | 5,32 € |
| polio IPV (Imova) | 5,40 € |
| measles, rubella and mumps | 24,29 € |
| hepatitis B junior | 17,42 € |
| hepatitis B pro adulto | 28,98 € |
| haemophilus influenza type B | 18,56 € |
| varicella | 50,09 € |
| pneumococcal | 19,09 € |
| Influenza | 10,62 € |
| Infanrix (diph+tét+per+polio+hib+HBV) | 50,30 € |

MEDICAL QUESTIONNAIRE

Please complete this form and take it with you when you go to the doctor, it will be retained as part of your medical report.

LAST NAME: **FIRST NAME:**

AGE: **SEX:**

| | YES | NO |
|--|-----|----|
| Have you ever been examined medically for a visa or a permit to enter the United States? | | |
| Have you ever been in a hospital for any condition? List the name of the hospitals and dates stayed there: | | |
| Have you ever had Tuberculosis? Any lung or chest disease? Have you ever had pleurisy? | | ? |
| Have you ever had any illness requiring prolonged treatment at home or elsewhere? If so give details: | | |
| Have you ever suffered from trachoma or any serious eye disease? | | |
| Have you ever suffered from blood or venereal diseases? | | |
| Have you ever suffered from epilepsy, convulsions, seizures, fits, or fainting spells? | | |
| Have you ever suffered from a nervous or mental condition? | | |

I hereby certify the above information given by me is correct.

DATE: **SIGNATURE:**