INSTRUCTIONS FOR MEDICAL EXAMINATIONS FOR VISA APPLICANTS

*United States visa regulations require that your medical examination be completed by an authorized physician. Your medical examination and X-Ray **must** be performed **by one of the doctors listed on pages two and three** who have been approved by the United States Public Health Service and Consulate General..*

Cost of medical examination, vaccine administration & review of immunization history	*NIS 360.-/ NIS 620.-*
*Cost of blood test serology & HIV test (AIDS test) for all applicants 15 years of age and above***	*NIS 140.-/ NIS 340.-*
Cost for chest X-Ray (not required for Child under 15 years of age)	*NIS 100.- / NIS 240.-*

Fees include VAT.

*These expenses, as well as the fees for any **additional examination** and **vaccinations** which the doctor **deems** necessary, must be borne by the individual applicant. Doctors' names marked (*) on the reverse **are authorized** to charge the higher rates listed above based on prevailing local fees.*

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*Each visa applicant **must** bring to the Doctor copies of prior medical records, immunization records and prior chest x-rays.*

*Each visa applicant **must** identify himself/herself to the examining physician and to the radiologist by presentation of his/her passport, identity card, laissez-passer or travel document. The doctor and radiologist must then sign the following statement:*

On_____ I examined_____
(date) (name of applicant)

who presented passport, identity card, laissez-passer or travel document No. _____ for identification.

_____
(Signature of Doctor)

After seeing the above mentioned identity document, I X-rayed the above applicant on_____
Date

_____
(Signature of Radiologist)

The report of medical examination will not be accepted unless the above statement is signed by the doctor and radiologist.

*****Due to the time required to process the HIV test, please arrange for your medical examination 2-3 weeks prior to your immigrant visa appointment.***

PANEL OF DOCTORS AUTHORIZED FOR MEDICAL EXAMINATION AND X-RAY OF U.S. VISA APPLICANTS

JERUSALEM:

Dr. C. B. Sherer (for general exam)*
Also: Jerusalem X-Ray Clinic
10 Jabotinsky Street, Jerusalem
Tel. 5636463

Sunday to Thursday
8:30 a.m. to 5:00 p.m.
Friday 8:30 a.m. to 12 noon
(an appointment is required)

*Dr. Jonty Maresky**
Family Medical Center
9 Diskin Street, Jerusalem
Tel. 5610297

Sunday to Thursday
8:30 a.m. to 5:00 p.m.
Friday 8:30 a.m. to 12 noon
(an appointment is required)

TEL AVIV:

*Professor Simon Bar Meir**
12 Shlomo Hamelech St
Herzliya

Monday & Wednesday afternoon
(an appointment is required)
Tel. 09 9544410

*Dr. Jerome Orlin**
25 Zeitlin Street
Tel Aviv

Tuesday afternoon 1:00 to 8:00 p.m..
Friday morning 7:30 a.m. to 12:00 noon
(an appointment is required)
Tel. 03 6915417

BETHLEHEM

Dr. Robert Tabash
P. O. Box 144
19 Salesian Street
Bethlehem – Tel. 2742882 & 2743593
Cellular: 0546 476 231

Monday to Saturday
3:00 to 6:00 p.m.
(an appointment is required)

RAMALLAH

Dr. Fahed Khalaf
Opposite Rukab Building – (Box 53)
Mahfal Street
Ramallah – Tel 2953347 or 2957786(0599 841 138)

Everyday, 8:30 a.m. to 2:00 p.m.
(without appointment)
4:00 to 6:00 p.m. (with appointment)

Dr. Yaser Obeid *Arab Health Center (Box 1444)* *Jamal Abdel Nasser Street* *Bireh – Tel. 2954323 or 2954335* *Home Tel. 2951818*	*Everyday, 8:00 a.m. to 3:00 p.m.* *(without appointment)* *4:00 to 6:00 p.m.* *(with appointment)*

GAZA STRIP

Dr. Faisal Abu Shahla *Fahmi Beik Street* *Midan Falastine, Al Hindi Building* *Third Floor* *Gaza City*	*Saturday – Thursday 03:00 to 07:00 p.m.* *(with appointment)* *(Tel 08-2824878;08- 2820839)* *Mobile 0599 204 245*

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The visa applicant MUST present the following to the Visa Section:

1. ***This signed statement of the doctor and radiologist,***
2. ***All required medical examination forms completed and signed by the doctor***
3. ***The X-Ray Film.***

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