



CONSULATE GENERAL OF THE UNITED STATES
 JERUSALEM
 IMMIGRANT VISA UNIT

Street Address: 14 David Flusser Street, Jerusalem
 Postal Address: P.O. Box 290, Jerusalem 91002
 Email: jerusalemiv@state.gov

INSTRUCTIONS FOR MEDICAL EXAMINATIONS FOR VISA APPLICANTS

U.S. Visa Regulations require that a medical examination be completed for all immigrant and refugee applicants prior to the appointment date. Medical exams must be performed by a panel physician (***complete list is available below***). These physicians have been approved by the U.S. Center for Disease Control to conduct the required medical exams and as such, they are the only doctors authorized to complete the medical exam required for immigration or refugee processing.

As part of the medical examination, the panel physician will complete Form DS-2053 (*Medical Examination for Immigrant or Refugee Applicant – 1991 TB TIs*) or Form DS-2054 (*Medical Examination for Immigrant or Refugee Applicant – 2007 TB TIs*) as well as a complete medical history (Form DS-3026) and all age appropriate vaccinations. In addition, all applicants over the age 15 will be required to have chest x-ray and blood tests as part of their medical examination. If you have specific questions or concerns about the medical examination required as part of your immigration or refugee application, please contact the panel physicians directly.

Fees Associated with Medical Exams

-Cost of medical examination, Vaccine (Administration & review of immunization history)	NIS 360. - NIS 620.-*
-Cost of blood test serology test	NIS 100. - NIS 200.-*
-Cost for chest X-Ray (Required for all applicants over 15 years of age)	NIS 100. - NIS 240.-*

Fees include VAT.

*All fees noted above as well as any **additional examination and vaccinations fees** which the doctor **deems medically necessary**, are the sole responsibility of the individual applicant. Doctors' names marked (*) on the reverse **are authorized** to charge the higher rates listed above marked (*) based on prevailing local fees.*

*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.

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

JERUSALEM:

Dr. Jonty Maresky*
Family Medical Center
9 Diskin Street, Jerusalem
Tel: 02-5610297

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

BETHLEHEM

Dr. Robert Tabash
P. O. Box 144
19 Salesian Street
Bethlehem
Tel: 02-2742882 & 02-2743593
Cellular: 0599 250 053

Monday to Friday
Morning Hours: 09:00 am to 12:30 am
Afternoon Hours: 03:00 pm to 06:00 pm
(an appointment is required)

RAMALLAH

Dr. Fahed Khalaf
Opposite Rukab Building – (Box 53)
Mahfal Street, Ramallah
Tel: 02-2953347 or 02-2957786 (0599 841 138)

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

GAZA STRIP

Dr. Faisal Abu Shahla

Fahmi Beik Street

Midan Falastine, Al Hindi Building

Third Floor, Gaza City

Mobile: 0599 204 245-Tel: 08-2824878;08-2820839

Saturday – Thursday 03:00 to 07:00 p.m.

(with appointment)

*The visa applicant **MUST** present the following to the Visa Unit:*

- 1. This signed statement of the doctor and radiologist,*
- 2. The required medical examination Forms 2053 or 2054, 3024 or 3030, DS-3026 & 3025 (in duplicate) completed and signed by the doctor.*
- 3. The X-Ray Film.*
