

United States Embassy
P. O. Box 31617
Lusaka, Zambia

Medical Examination Instructions

1. You have been given this letter because you must have a medical examination prior to your visa interview. This medical exam MUST be done by one of the Embassy's Panel Physicians:

LUSAKA Dr. Timothy J. Meade
Corpmed Medical Center
Plot 3236 along Cairo Rd., North end between Barclays
Business Center and B.P Filling station
P.O Box 30209
Lusaka
Tel: 236643/222612/226983

Dr. Margaret M. Siwale
Lusaka Trust Hospital
Plot 2190, Nsumbu Rd., Woodlands
P.O. Box 35852, Lusaka, Zambia
Telephone: 252-190, 253-481, 254-702
Fax: 252-292
Email: lth@coppernet.zm

2. The attached "Medical Examination for Visa Applicant" form must be completed in duplicate by the panel physician. This form, along with any X-ray film, must be presented at the time of the visa interview.
3. A blood test for the antibody to the Human Immunodeficiency Virus (HIV) is part of the medical exam for all persons. The results of this test will be provided to the Consular Officer.
4. The results of this medical exam are valid for a period of one year.