



EMBASSY OF THE UNITED STATES OF AMERICA  
CONSULAR SECTION  
P.O. BOX 202, MADINAT AL SULTAN QABOOS 115, S. OF OMAN  
TELEPHONE: (968) 2469-8989, FAX: (968) 2469-9189

## MEDICAL EXAMINATION INSTRUCTIONS

*Please contact one of the following Embassy panel physicians to schedule your medical examination:*

### **Hatat Polyclinic LLC**

Dr. Donald Mowat

Dr. (Mrs.) Lalitha Balaji

For appointments: Please contact Rose or Bonnie during normal business hours.

Clinic hours: 08:30 – 20:30 hours (Saturday – Thursday)

Tel: 2456-3641; Fax: 2456-4990

Fees: For applicants 15 years and over

Rials Omani 36.000

For applicants under 15 years

Rials Omani 15.000

### **Al Massaraat Clinic & Laboratory**

Dr. Firazath Husain

Dr. (Mrs.) Andla Shah

For appointments: Please contact the receptionist or the duty nurse during normal business hours.

Clinic hours: 8:00 - 13:00 and 17:00 – 20:30 hours (Saturday –Wednesday)

8:00 – 1300 and 17:00 – 20:00 hours (Thursday)

Tel: 2456-6435/2457-1033/2456-6438; Fax: 2456-6436

Fees: For applicants 15 years and over

Rials Omani 36.000

For applicants under 15 years

Rials Omani 15.000

- The medical examination will usually consist of two separate visits, with x-rays and blood samples being taken during the first visit and the physical examination conducted during the second.
- All applicants for medical examinations **must** be in possession of their passports or a photo-identification. Medical tests or the physical examination will **not** be conducted if an applicant cannot produce such identification.

March 12, 2007

- All applicants must provide documentary proof of all vaccinations received to the panel physician at the initial appointment. For vaccination charges, please turn over.

March 12, 2007

## Vaccination Charges

### Hatat House Polyclinic LLC:

Polio (inactivated) or (live oral)	R.O. 1.000
Hepatitis B	R.O. 7.000 (children below 10 years R.O. 3.000)
Haemophilus Influenzae Type b	R.O. 10.000
Varicella	R.O. 17.000
Pneumococcal	(unavailable)
Influenza	R.O. 6.000

### Al Massaraat Clinic & Laboratory:

Polio (inactivated) or (live oral)	R.O. 1.000
Hepatitis B	R.O. 6.000 (child R.O. 3.000)
Haemophilus Influenzae Type b	R.O. 12.000
Varicella	R.O. 17.000
Pneumococcal	(unavailable)
Influenza	R.O. 5.000



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## ***ATTACHMENT TO OF-157***

*A blood test for 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 which may occur in persons infected with HIV. Infection with HIV causes a defect in a person's natural immunity against disease. This defect 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 to detect antibodies to the virus. If the result is positive, it does not necessarily mean you have AIDS or get it.*

*The result of your test will be provided to a consular officer. Also, it may be necessary to report results to the health authorities in this country.*

*A positive test result will mean that you will not be eligible to receive a visa. A positive test result could also have other local consequences on your day-to-day activities in this country.*

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**Hatat Polyclinic LLC**

Dr. Donald Mowat/ Dr. (Mrs.) Lalitha Balaji

**Al Massaraat Clinic & Laboratory**

Dr. Firazath Husain/ Dr. (Mrs.) Andla Shah

*This is to introduce \_\_\_\_\_*

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*who is (are) making application(s) for an immigrant visa(s) to the United States. In accordance with the U.S. Public Health Regulations, please conduct a medical examination on the applicant(s) named above and provide us with your findings by completing form DS-2053 (Medical Examination for Immigrant or Refugee Applicants Form); DS-3026 (Medical History & Physical Examination Worksheet); DS-3024 (Chest X-ray & Classification Worksheet) for each applicant.*

*Also enclosed for each applicant is Form DS-3025 (Vaccination Documentation Worksheet). Based on the applicant's immunization history, and by applying the Immunization Schedule for Visa Applicants, please administer those vaccines needed to meet the requirements of the Immigration & Nationality Act*

*Completed Form DS-2053 and their supplements together with x-ray's and copies of the laboratory reports should be returned to this office. It should be clearly understood that all costs will be borne by the applicant.*

*Sincerely*

March 12, 2007

## **Important Notice To All 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 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
- Influenzae type B (Hib) and
- Hepatitis B
- Varicella
- Pneumococcal
- 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 vaccination 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.