



## **INSTRUCTIONS FOR THE MEDICAL EXAMINATION**

U.S. law requires that every immigrant visa applicant undergo a medical examination by a doctor certified by the U.S. Public Health Service. In Italy, all immigrant visa medical examinations are conducted at the Medical Unit of the U.S. Consulate General in Naples. All examinations will need to be scheduled for the day before your scheduled interview date. **You may not go to a private doctor or a U.S. Military Facility for your examination.**

Children under 15 years old will receive only a general physical examination. Adults will undergo a medical interview and a general physical examination, as well as a chest X-ray, blood tests and specialized tests when applicable. A blood test for antibody to Human Immunodeficiency Virus (HIV), which causes AIDS, is required. A positive result does not necessarily indicate that you have AIDS or that you will get it. However, a positive result will make you ineligible to receive a visa and **will be reported to local health authorities**. Each applicant must submit one photograph of the type described in the enclosed appointment letter.

Applicants or accompanying family members afflicted with serious illnesses should bring copies of their medical records for evaluation by the doctors conducting the medical examination.

The examination fee for persons fifteen years of age or over is **Euro 180** and for persons under fifteen years of age **Euro 60**. **You must pay at the time of the examination. The physician accepts payment for the medical examination in local currency only.**

You must arrive at the Medical Unit of the Consulate General by **8:15 a.m.** for your medical appointment. You must arrive on time and you must present a passport or other type of photo identification or you will miss your appointment. You do not need to fast before your medical appointment.

***If you are pregnant, or think you may be, please notify medical unit staff at the time of the examination.***

## **IMPORTANT NOTICE TO ALL VISA APPLICANTS CONCERNING VACCINATION REQUIREMENTS**

United States immigration law requires immigrant visa applicants to obtain certain vaccinations (listed below) prior to the issuance of an immigrant visa. Panel physicians who conduct medical examinations for immigrant visa applicants are required to verify that applicants have met the vaccination requirement, or that it is medically appropriate for the visa applicant to receive one or more of the listed vaccinations.

- MUMPS
- MEASLES
- RUBELLA
- POLIO
- TETANUS
- DIPHTHERIA
- INFLUENZAE TYPE B  
(HIB)
- HEPATITIS B
- VARICELLA
- PNEUMOCOCCAL
- INFLUENZA

Both to assist the panel physician at the U.S. Consulate General Naples and to avoid delays in visa processing, all immigrant visa applicants must have their vaccination records available for the panel physician's review at the time of the medical examination. Visa applicants should consult with their regular health care provider to obtain a copy of their immunization record. Only a physician can determine which of the listed vaccinations are medically appropriate for you, given your age, medical history and current medical condition. The panel physician will assist those applicants who do not have an immunization record in determining which vaccinations they may need to meet the requirement. The panel physician can also administer vaccinations to applicants who are not in possession of their immunization certificates at the time of the examination; the cost will vary according to the type of vaccination required (see price list below). Waivers of certain vaccination requirements are available upon the recommendation of the panel physician.

### **COST OF VACCINATIONS**

**Fee for administration of single or multiple vaccine    €16.00**

**Supplemental fees for selected vaccines**

|           |   |                  |             |
|-----------|---|------------------|-------------|
| Anatoxal  | = | Tetanus          |             |
|           |   | Diphtheria       | € 9.00      |
| Energix   | = | Hepatitis B      | €24.00      |
| Morupar   | = | Measles          |             |
|           |   | Mumps            | €30.00      |
|           |   | Rubella          |             |
| Pneumo 23 | = | Antipneumococcal | €21.00      |
| Difteral  | = | DTP Children     | €7.00       |
| Hiberix   | = | Hib              | €21.00      |
| Varilrix  | = | Varicella        | Unavailable |
| Imovax    | = | Polio            | €10.00      |

Table 1. REQUIREMENTS FOR ROUTINE VACCINATION OF IMMIGRANTS EXAMINED OVERSEAS WHO ARE NOT FULLY VACCINATED OR HAVE NO DOCUMENTATION. (All vaccines may be given at the same time, but at different sites on the body.)

| Vaccine                  | Age           |   |                              |           |  |
|--------------------------|---------------|---|------------------------------|-----------|--|
|                          | Birth-1 month | 2-11 months                             | 12 months-4 years            | 5-6 years | 7-17 years   |
| DTP/DTaP; may include DT | NO            | YES                                     |                              |           |  |
| Td                       |               | NO                                      |                              |           |  |
| Polio; IPV or OPV        | NO            | YES                                     |                              |           |  |
| MMR                      | NO            | YES                                     | YES, if born after 1956      |           |  |
| Hib                      | NO            | YES                                     |                              | NO        |  |
| Hepatitis B              |               |   | Yes, through 19 years of age |           | NO   |
| Varicella                | NO            |   |                              | YES       |  |
| Pneumococcal             | NO            | YES, through 23 months of age (for PCV) |                              | NO        | YES<br>(for PPV)                                   |
| Influenza                |               |   |                              | NO        | YES, 50 years or older (annually, each flu season) |

DTP=diphtheria and tetanus toxoids and pertussis vaccine; DTaP=diphtheria and tetanus toxoids and acellular pertussis vaccine; DT=pediatric formulation diphtheria and tetanus toxoids; Td=adult formulation tetanus and diphtheria toxoids; IPV=inactivated polio vaccine (killed); OPV=oral polio vaccine (live); MMR=combined measles, mumps, rubella vaccine; Hib=*Haemophilus influenzae* type b conjugate vaccine; PCV=pneumococcal conjugate vaccine; PPV=pneumococcal polysaccharide vaccine.

Table 2. VACCINE SCHEDULE FOR ROUTINE IMMUNIZATIONS \*

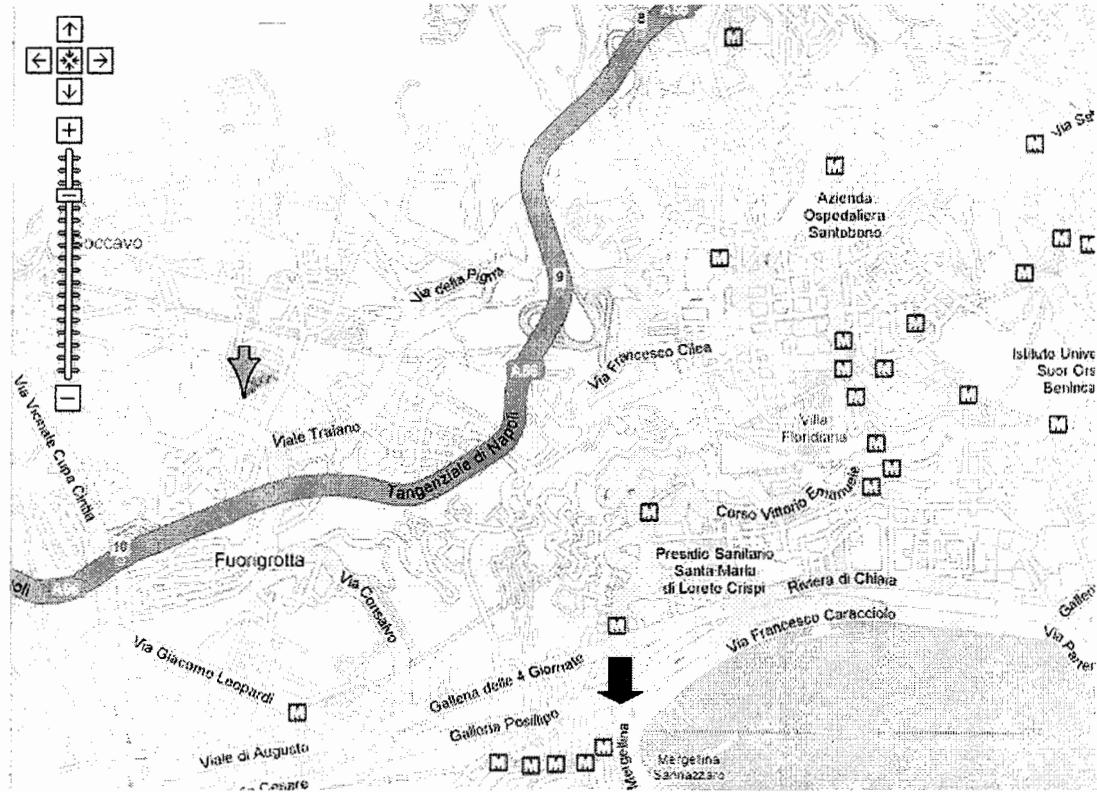
| Vaccine   | Vaccine Schedule   |
|---|--|
| Tetanus and diphtheria toxoids combined and pertussis (DTP) | Three doses 4-8 weeks apart; fourth dose 6-12 months after third; fifth dose 6-12 months after fourth.<br>If fourth dose given after 4 years of age, no need for fifth dose.<br>No need to restart series if schedule is interrupted.  |
| Tetanus and diphtheria toxoids combined (Td)                | Two doses 4-8 weeks apart; third dose 6-12 months after second. Additional dose every 10 years after initial series of three doses.<br>No need to restart series if schedule is interrupted.   |
| Poliovirus:<br>IPV – Inactivated<br>OPV – Oral (live)       | Two doses at 4-8 weeks apart; third dose 6-12 months after second; fourth dose given at 4-6 years of age. If third dose of IPV or OPV series is given on or after 4 years of age, fourth dose is not needed. No need to restart series if schedule is interrupted.   |
| Measles-mumps-rubella (MMR)                                 | At least one dose on or after first birthday; second dose 4-8 weeks after first if 4-18 years of age.<br>No need to restart series if schedule is interrupted.   |
| <i>Haemophilus influenzae</i> type b conjugate              | If <12 months of age, three doses 4-8 weeks apart (for PedvaxHIB®[PRP-OMP] vaccine two doses only).<br>If 12-14 months of age, fourth dose 8 weeks after third (third dose after second for PedvaxHIB®).<br>If 15-59 months of age, only one total dose needed.<br>No need to restart series if schedule is interrupted. |
| Hepatitis B   | Two doses 4-8 weeks apart; third dose 4-6 months after first.<br>No need to restart series if schedule is interrupted.   |
| Varicella   | Two doses 4-8 weeks apart.<br>If <13 years of age, only one dose needed.<br>No need to restart series if schedule is interrupted.  |
| Pneumococcal (polysaccharide; PPV)                          | One dose   |
| Pneumococcal (conjugate; PCV)                               | Three doses 4-8 weeks apart; fourth dose given at 12-15 months of age.<br>No need to restart series if schedule is interrupted.  |
| Influenza   | One dose annually each flu (fall) season.  |

\* Adapted in part from the recommendations of the Advisory Committee on Immunization Practices (ACIP), February 2002.

Table 3. MAJOR CONTRAINDICATIONS TO VACCINATIONS

| Vaccine                         | Major contraindication<br>(Reasons to not give vaccine)  |
|---------------------------------|--|
| DTP/DTaP; may include DT        | Neurologic or severe hypersensitivity reaction to prior dose   |
| Td                              | Neurologic or severe hypersensitivity reaction to prior dose   |
| Polio (IPV or OPV)              | Pregnant; anaphylactic allergy to neomycin or streptomycin; and additionally for OPV, vaccine recipient or household contact who is immunodeficient or receiving immunosuppressive therapy |
| Measles (or MR or MMR)          | Pregnant; anaphylactic allergy to neomycin or streptomycin; immunodeficient or receiving immunosuppressive therapy; immune globulin received within previous 5 months                      |
| Mumps (if MMR not used)         | Pregnant; anaphylactic allergy to neomycin or streptomycin; immunodeficient or receiving immunosuppressive therapy; immune globulin received within previous 5 months                      |
| Rubella (if MR or MMR not used) | Pregnant or immunodeficient or receiving immunosuppressive therapy; immune globulin received within previous 5 months  |
| Hib                             | None identified  |
| Hepatitis B                     | Anaphylactic allergy to yeast  |
| Varicella                       | Pregnant; anaphylactic allergy to neomycin or gelatin; immunodeficient or receiving immunosuppressive therapy; immune globulin received within previous 5 months                           |
| Pneumococcal (PCV or PPV)       | None identified  |
| Influenza                       | Anaphylactic allergy to eggs   |

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 US Consulate General, Naples. Consolato Generale USA di Napoli – Piazza della Repubblica.

 Medical Center: Istituto Diagnostico Varelli  
Via Cornelia dei Gracchi 51/60  
Napoli  
Tel: 081 767 2202 or 339 120 2010

All applicants are expected to arrive at 8:45 a.m. for the medical examination.  
Si pregano tutti i richiedenti di arrivare alle 8:45 a.m. per la visita medica