



## EMBASSY OF THE UNITED STATES OF AMERICA

DOUGLAS STREET, PORT MORESBY 121 NCD PAPUA NEW GUINEA

675-321-1455 <http://portmoresby.usembassy.gov>

### MEDICAL EXAMINATION INSTRUCTIONS

You are required to have a medical examination in connection with your immigrant visa application to the United States. You should, therefore, make an appointment for a medical examination with one of the doctors listed below. Please bring your passport(s), 3 recent photographs, and your vaccination records. Please first check with the panel physician as to which vaccinations, according to your age group, you are required to have. If you do not speak English fluently, please take an adult interpreter with you.

Each person immigrating, regardless of age, is required to have a medical examination in connection with the immigrant visa application. An X-ray examination for tuberculosis and a serological test are required for each visa applicant who has reached his or her 15th birthday, or will have reached the age of 15 at the time he or she proposes to enter the U.S. Some medical examiners may require these tests of persons younger than 15. The X-Ray must be taken on a film at least 14 x 17 inches and a written report interpreting the film must be obtained.

In most cases the examining physician will return the completed medical report with the results of the chest X-Ray directly to you. You must bring the medical examination results with you to your formal visa interview. Unless otherwise indicated by the panel physician or by this office, the X-Ray film is not required on the day of interview but must be taken to the U.S. and retained for your own personal records.

Medical examination results can take up to two weeks to be completed. They can only be conducted by one of the authorized panel physicians listed below. No other physician may perform this examination. Medical examinations **cannot** be performed in the U.S. An immigrant visa will not be issued without the results of a full medical examination.

Medical reports are valid for twelve months from the date of examination. If you were examined more than six months prior to the issuance of the visa, the consular officer will limit your visa validity to a period of less than six months. If you cannot arrive in the United States within one year of the date of the medical examination, you must repeat the examination.

All medical fees are to be paid in cash only on the day of the examination. The U.S. government does not pay medical fees. The medical forms will be provided by your chosen panel physician.

## **LIST OF PANEL PHYSICIANS**

### **PAPUA NEW GUINEA**

Dr. Athi Chelvanathan Port Moresby Medical Service, P.O. Box 7112, Boroko 111, NCD  
Tel: (675) 325-6633; Fax: (675) 325-6953  
Email: [portmoresbymedicalservice@gmail.com](mailto:portmoresbymedicalservice@gmail.com)

Dr. Jeff Stout SIL Clinic, P.O. Box 222, Ukarumpa EHP 444, Tel: (675) 537-4411;  
Dr. Helen Doss Fax: (675) 537-4111  
Dr. Jean Weir (left) Email: [CLN-gen@sil.org.pg](mailto:CLN-gen@sil.org.pg) (Attn: Dr. Jeff Stout / Dr. Helen Doss)

### **SOLOMON ISLANDS**

Dr. George Manimu In-The-Zone Medical Centre, (Behind King Solomon Hotel)  
P.O. Box 989, Honiara, Solomon Islands  
Tel: 677) 23485; Fax: (675) 27256  
Email: [g.manimu@gmail.com](mailto:g.manimu@gmail.com)

### **VANUATU**

Dr. Kaiva Tulimanu Port Vila Medical Center, P.O. Box 704, Port Vila, Vanuatu  
Tel: (678) 22826; Fax: (678) 22455  
Email: [jlbr@vanuatu.com.vu](mailto:jlbr@vanuatu.com.vu)

**SECTION I: PRINCIPAL APPLICANT TO COMPLETE THIS SECTION**

My passport, or other official identification document on which my photograph is attached, contains the following information:

Full name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Nationality: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's signature - in presence of panel physician) (Date)

**SECTION II: TO BE COMPLETED BY PHYSICIAN & X-RAY SUPERVISOR**

I am satisfied that the person being examined is the bearer of the passport or other document described above.

Signature of examining panel physician: \_\_\_\_\_

Signature of X-Ray supervisor: \_\_\_\_\_

Signature of laboratory technician: \_\_\_\_\_

The applicants must have 3 recent photographs of themselves, with the likenesses confirmed with official documents containing the applicants' photographs. One photo will be presented at the time of the panel physician contact, and will be attached to the front of the **Medical Examination for Immigrant or Refugee Applicant** (DS-2053). The other two will be separately attached to the requests for blood collection, and for Chest X-ray.