



THIS DOCUMENT CONTAINS INSTRUCTIONS FOR IMMIGRANT VISA APPLICANTS RESIDING IN SWEDEN, DENMARK AND NORWAY. PLEASE BE SURE TO READ AND FOLLOW THE GENERAL GUIDELINES AS WELL AS THE DIRECTIONS SPECIFIC TO YOUR COUNTRY OF RESIDENCE.

MEDICAL EXAMINATION – GENERAL GUIDELINES

Please note that immigrant visa interviews for applicants residing in Sweden, Denmark, and Norway will all be conducted at the U.S. Embassy in Stockholm, Sweden. However, the medical exam will be conducted by a panel physician in the applicants' country of residence. It is therefore important that each applicant instruct the panel physician to forward their results directly to the U.S. Embassy in Stockholm.

Before the issuance of an immigrant visa or a fiancé(e) (K-1) visa, **every alien, regardless of age**, must undergo a medical examination prior to his/her visa interview. This means that **accompanying spouses and children** of visa applicants must **also** have a medical examination.

IMPORTANT: The entire medical examination, the chest X-ray and the serological test for syphilis must be performed by a designated panel physician (see lists below). Medical examinations may **not** be done at U.S. military facilities, by physicians in the United States, or by a family physician. Chest X-rays and the serological test are normally not required for children under 15 years of age.

You are responsible for making an appointment with one of the panel physicians in your country of residence. Please note that we can conduct your interview prior to receiving your medical report. However, we cannot complete the processing of your visa application until we have received your medical report and all other requirements for your application have been met. When making your appointment, please be sure that the physician knows your examination is for an immigrant/fiancé(e) visa so that the physician can set aside the appropriate amount of time. The physician will mail the results of the examination directly to the U.S. Embassy in Stockholm, Sweden.

Any questions regarding the medical exam or documentation must be directed to one of the panel physicians in your country of residence.

VACCINATION REQUIREMENTS – GENERAL GUIDELINES

All immigrant visa applicants are required to obtain certain vaccinations prior to the issuance of the immigrant visa. You may need to have one or more of the vaccinations listed below, depending on your age. The panel physicians who conduct medical examinations of immigrant visa applicants are required to verify that applicants have met the vaccination requirements, or that it is medically inappropriate for the visa applicant to receive the required vaccinations. If born after 1956, Diphtheria/Tetanus (within the last 10 years) and MMR are always required. The other listed vaccinations may be required for specific age groups. The panel physicians can give you more information.

<i>*Mumps</i>	<i>*Measles</i>	<i>*Rubella</i>	Meningococcal
<i>*Polio</i>	Pertussis	Rotavirus	Tetanus and diphtheria toxoids
Hepatitis B	<i>*Varicella</i>	Hepatitis A	Influenza type b (Hib)

***Contraindicated for pregnant woman and immune-deficient individuals.**

In order to assist the panel physician and avoid delays in the processing of an immigrant visa, all immigrant visa applicants should have their vaccination record available for the panel physician to 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 records if one is available. If you do not have a vaccination record, the panel physician will work with you to determine which vaccinations you may need in order to meet the requirements. Certain waivers of the vaccination requirement are available upon the recommendation of the panel physician.

It is recommended that you have all vaccinations up-to-date before you see the panel physician. Although the panel physician can administer some vaccines, he/she does not keep all of them in stock. The panel physicians charge an extra fee for administering vaccines.

Only the panel physicians can determine which of the listed vaccinations are medically appropriate for you, given your age, medical history and current medical condition.

Making an Appointment for Applicants Residing in SWEDEN

The designated panel physicians in Sweden are:

Stockholm

Dr. Göran Bulow
Hälsobarometern
Surbrunnsgatan 40
113 48 Stockholm
Tel: 08-756 21 98

Phone hours Monday –Thursday 09.00-17.00

Please email Lena.bulow@gmail.com to schedule an appointment.

Malmö

Dr. Carl Olof Welin
Citykliniken
Malmborgsgatan 4
211 38 Malmö
Tel: 040-611 10 40

Göteborg

Dr. Einar Persson
Kungssportsläkarna
Kungssportsavenyn 10
400 10 Göteborg
Tel: 031-339 99 70

Phone hours Monday – Friday 08.00-17.00

You must make an appointment for your medical exam, preferably BEFORE your visa interview. Be sure to take your **passport, a separate passport photo, and your vaccine record** with you to your medical exam. You are liable for any and all examination fees. The medical exam is valid for one year. When you call to make your appointment, you will also receive instructions about how and where to have the chest x-ray and blood work performed.

Fees for Applicants Residing in SWEDEN

The physical examination is approximately 2800 SEK for adults and 800 SEK for children under 15. There are separate fees for the chest X-ray and blood work for the serological tests; associated fees are paid directly to the laboratories. There are also additional fees for vaccinations if you are required to have them; these vary depending on the particular vaccination(s) required. When all the necessary tests have been completed, the physicians will send the results and the completed medical examination directly to the Embassy within two weeks.

Making an Appointment for Applicants Residing in NORWAY

INSTRUCTIONS FOR MEDICAL EXAMINATION

All immigrant visa applicants must undergo a medical examination in Norway.

Applicants fifteen (15) years of age and older must have a chest X-ray and a blood test in addition to a general medical evaluation. These tests must be performed at designated facilities in Norway. In addition the vaccination requirements explained below must be met.

Applicants under fifteen (15) years of age only need a general medical examination and necessary vaccinations, unless the examination reveals the need for additional tests.

Chest X-ray and Blood Tests

The X-ray examination and the serological tests for syphilis must be done in Norway at the facilities specified in the accompanying documents. The results of the tests are sent directly to the panel physician - allow time for them to reach the panel physician before your appointment with him. The medical certificate from the panel physician's examination is only valid for 12 months, so it is important that you not schedule the examination too far in advance of your interview.

Each person having an X-ray and blood test **MUST PROVIDE PHOTO-IDENTIFICATION TO THE LABORATORY TECHNICIANS (PASSPORT PREFERRED.)**. Please have the technicians sign the enclosed sheet after having written down the photo-ID that was presented. **Give the completed sheet to the panel physician at the time of your physical examination.**

To obtain the chest X-ray, you must take the attached medical prescription form to any X-ray facility. The technician must send the results, including an evaluation, directly to the panel physician. **The technicians should mail the X-ray film/CD-ROM directly to panel physician. The CD-ROM should be placed in an envelope marked on the outside with the applicant's name, facility name and date of image exposure. The envelope must fully enclose the CD-ROM and be sealed.**

Vaccination Requirements

All immigrant visa applicants are required to obtain certain vaccinations prior to the issuance of the immigrant visa. You may need to have one or more of the vaccinations listed below, depending on your age. The panel physicians who conduct medical examinations of immigrant visa applicants are required to verify that applicants have met the vaccination requirements, or that it is medically inappropriate for the visa applicant to receive the required vaccinations. If born after 1956, Diphtheria/Tetanus (received during the last 10 years) and MMR are always required. The other listed vaccinations may be required for specific age groups. The panel physicians can give you more information. If you wish you can ask the nurse for details at the time of making the appointment.

*Mumps	*Measles	*Rubella	Pneumococcal	Meningococcal
*Polio	Pertussis	Rotavirus	Tetanus and diphtheria toxoids	Hepatitis A
Hepatitis B	*Varicella	Influenza	Influenza type b (Hib)	

* Contraindicated for pregnant women and immune-deficient individuals.

In order to assist the panel physician and avoid delays in the processing of an immigrant visa, **all immigrant visa applicants should have their vaccination records available for the panel physician to review** at the time of the immigrant medical examination. (Note: *if you wish, you may fax your vaccination records to the panel physician for review.*) Visa applicants should consult with their regular health care provider to obtain a copy of their immunization records, if one is available. If you do not have a vaccination record, the panel physician will work with you to determine which vaccinations you may need to meet the requirements. Certain waivers of the vaccination requirement are available upon the recommendation of the panel physician.

It is recommended that you have all vaccinations up-to-date before you see the panel physician. Although he can administer some vaccines, he does not have all of them in stock. The panel physician charges an extra fee for administering vaccines.

Only the panel physicians can determine which of the listed vaccinations are medically appropriate for you, given your age, medical history and current medical condition.

Making the Appointment

The following doctors conduct medical examinations for the Embassy for visa purposes:

Oslo

Dr. Torbjorn Haugen
Dr. Thor Arne Grønnerød
Ullevaal Stadion,
Sognsveien 75F
0855 Oslo

Tel: 22 02 68 33
Fax: 22 02 68 11

Email: info@emigrationmedical.com

For the physicians in Oslo: The answering machine is checked several times every day, Monday to Thursday. Leave a message and you will be contacted as soon as possible. Remember to give a telephone number or a fax number. Please use attached referral when doing blood test and X-ray.

You must make an appointment to be examined, preferably BEFORE your visa interview. Because of the doctors' schedules, you should call to arrange the appointment date several weeks in advance of your visa interview at the Embassy. **Be sure to take your passport and the completed sheet signed by the x-ray and lab technicians to the examination.**

Fees

You are liable for any and all examination fees. The physical examination fee is 2850 NOK for adults and 600 NOK for children under 15. There are separate fees for the chest X-ray and drawing blood for the serological tests, which are paid directly to the laboratories that do the work. These prices may be higher for non-residents of Norway. There are additional fees for vaccinations if you are required to have them; these vary depending on the particular vaccination(s) required.

If all tests are in order, the doctors will deliver the results to the Embassy in a few days. If you require expedited handling of your medical examination (i.e., the results sent to the Embassy in fewer than three days, or if the blood and X-ray results were not provided in advance and the results are needed quickly) the price of the examination doubles. The total examination fee for adults is then 5200 NOK and for children is 1200 NOK.

The panel physician forwards your completed medical examination results directly to the Embassy, and you will receive a confirmation of this in the mail.

THE MEDICAL EXAMINATION - WHAT HAPPENS IN THE DOCTOR'S OFFICE?

Legeundersøkelsen - Hva skjer på legekantoret?

YOU WILL RECEIVE A MEDICAL DOCUMENT TO COMPLETE.
YOU WILL PROVIDE A URINE SPECIMEN AT THE DOCTOR'S OFFICE.
A CLINICAL MEDICAL EXAMINATION WILL BE PERFORMED.
CERTAIN VACCINATIONS WILL BE GIVEN, IF NEEDED. (If available).
THE MEDICAL DOCUMENT WILL BE SENT TO THE EMBASSY WHEN IT IS
COMPLETED, AND YOU WILL RECEIVE A CONFIRMATION OF THIS IN THE MAIL.

- Du får utlevert det medisinske dokumentet som skal fylles ut.
- Du må ta en urinprøve. Skal tas på lege-kantoret.
- Det blir utført en klinisk legeundersøkelse.
- Eventuelle vaksiner blir gitt. (Hvis tilgjengelig)
- Det medisinske dokumentet sendes til ambassaden når det er ferdig, og du vil få en bekreftelse på dette i posten.

REMEMBER TO BRING YOUR PASSPORT AND ONE PHOTO (I.E. ONE OF THE FOUR PHOTOS REQUIRED BY THE EMBASSY) FOR THE MEDICAL EXAMINATION.

Husk å ha med pass ved legeundersøkelsen, SAMT ET PASSBILDE (F.EKS. ET AV DE FIRE BILDENE AMBASSADEN KREVER).

COST: ADULT 2850 NOK, CHILDREN 600 NOK.

PAYABLE BY VISA CARD ONLY

ADDITIONAL VACCINATIONS. (CHECK WITH PHYSICIAN).

PRIS: Voksne 2850 NOK, barn 600 NOK,

Betales med kort.

Tillegg vaksiner. (Kostpris).

ANY QUESTIONS REGARDING THE MEDICAL DOCUMENTATION MUST BE DIRECTED TO THE DOCTORS.

Dersom du har spørsmål vedrørende den medisinske dokumentasjonen, skal dette rettes til legene, og ikke til ambassaden.

GOOD LUCK!!

Lykke til!!

Medical Examination in connection with application for visa to the U.S.
Medisinsk undersøkelse i forbindelse med visum til U.S.A.

IMPORTANT - PLEASE READ THE ENCLOSED INFORMATION THOROUGHLY.
VIKTIG - LES VEDLAGTE INFORMATIONSSKRIV NØYE.

REMEMBER :

Husk:

Check list

Sjekkliste

MAKE RESERVATIONS WITH THE DOCTOR WELL IN
ADVANCE OF DEPARTURE.

Bestill time hos legen i god tid før avreise.

ALL APPLICANTS OVER 15 YEARS MUST HAVE A BLOOD TEST
AND A CHEST X-RAY.

Alle søkere over 15 år må ta blodprøver og røntgenundersøkelse.

USE THE ENCLOSED LABORATORY REQUESTS. FILL IN NAME,
DATE OF BIRTH AND ADDRESS.

*Kun vedlagte rekvisisjoner må benyttes. Fylles i med navn, fødselsdata
og adresse.*

X-RAYS MUST BE TAKEN IN A PUBLIC HOSPITAL OR ONE OF
THE INSTITUTES NAMED ON THE LABORATORY REQUEST

Røntgen må tas på offentlig sykehus, eller på institutt angitt på rekvisisjonen.

REMEMBER TO BRING IDENTIFICATION WITH PICTURE WHEN
TAKING THE X-RAYS AND BLOOD TESTS. THE LAB TECHNICIANS
MUST VERIFY YOUR IDENTITY ON THE ENCLOSED FORM WITH
YOUR NAME FILLED IN.

Husk ID med bilde ved røntgenundersøkelse og blodprøver.

Skal attesteres på eget skjema

PLEASE BRING PASSPORT, PHOTO, AND VACCINATION-CARD
TO THE MEDICAL EXAMINATION.

Ta med pass, bilde, og vaksinasjonskort ved legeundersøkelse.



REQUEST FOR CHEST X-RAY AND SEROLOGIC TESTS

In order to meet the requirements for immigration to the United States of America,

_____ born on _____

in _____ must have a chest x-ray and serologic tests.

Please verify the identity of the person for whom you perform this service and indicate the type of identity document presented below.

X-Ray Technician:

The applicant identified himself/herself by means of:

_____ Passport No. _____

_____ Driver's License No. _____

_____ Other (specify) _____

Signed: _____ Date _____

Stamp or Seal

Blood Technician:

The applicant identified himself/herself by means of:

_____ Passport No. _____

_____ Driver's License No. _____

_____ Other (specify) _____

Signed: _____ Date _____

Stamp or Seal



Radiologihenvising (Røntgenrekvisisjon)

Sentrum Røntgeninstitutt avd. Oslo/Lillestrøm

PASIENT

Dr.med Torbjørn S. Haugen K.A.L Sognsveien 75F 0855 OSLO	Navn:	
	Fødselsnummer: (11stiffer)	
	Adresse/tlf./helst mobil:	
	Postnr./sted:	

Kliniske opplysninger	Kopi av svar bes sendt til:
<p>Us. før emigr. til USA, spes. tbc. ønskes sikrest mulig utelukket, hvorfor rtg. er obligatorisk. OBS: Pas. identitet må kontr.(bilde-ID) og bekreftes på eget skjema. Denne rekv. gjelder også for u.s. ved alle off. sykehus. CD legges i en forseilet konvolutt med søkerens navn og dato for u.s. Denne, sammen med beskrivelsen sendes til rekvirerende lege.</p>	

Hva ønskes undersøkt: RTG THORAX	Fylles ut av henvisende lege		Sett kryss:	JA	NEI
	Jeg bekrefter at us. rekvireres pga. sykdom, skade, lyte eller mistanke om sykdom (Hvis NEI: pasienten eller annen debitor betaler hele undersøkelsen) 09/01/09 Dr.med Torbjørn S. Haugen				
	Jeg ber om at radiologen endrer modalitet (us. metode) og evt. foretar supplerende undersøkelser hvor dette er medisinsk indikert.				
	REKV. DATO	SREKV. LEGES. UNDERSØK. FORVAY <i>Torbjørn S. Haugen</i>			

RADIOGRAF	KODER FOR UNDERSØKELSDATO/DIA. NORAKO/ABRACO	GRAVID?:	JA	NEI
RADIOLOG				

Sentrum Røntgeninstitutt avd. Oslo/Lillestrøm:

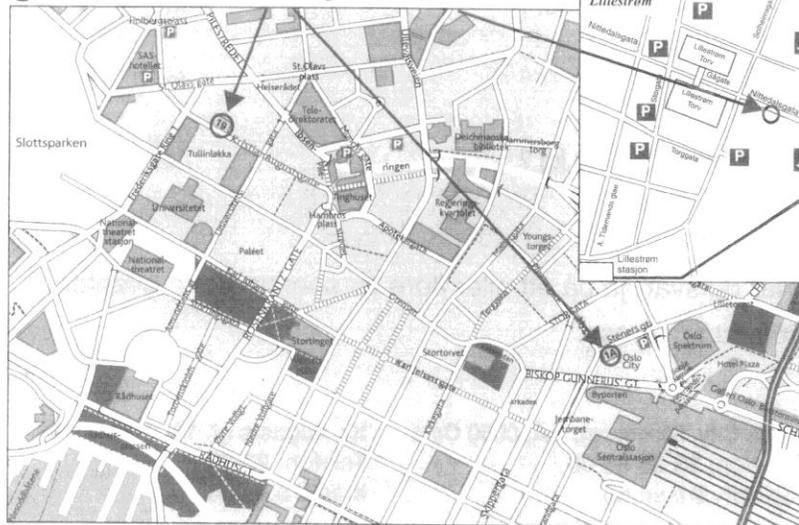
OBS! Avd. i Storgt. 8 er flyttet til Oslo City, Stenersgt. 1A fra nov. 2005. (inngang til venstre for kjøpesenteret Oslo Citys hovedinngang).

Oslo City, Stenersgt. 1A, 0050 Oslo
 Timebestilling: 23 35 56 00
 Telefax: 23 35 56 10

Kr. Augusts gt. 19, 0164 Oslo
 Timebestilling: 23 32 76 00
 Telefax: 22 36 06 61

Nittedalsgt. 2 B, 2000 Lillestrøm
 Timebestilling: 63 89 84 44
 Telefax: 63 80 27 03

Her finner du oss i Oslo og Lillestrøm



Time er bestilt og avtalt til:

Avdeling	Dag	Dato	Klokken

Mer informasjon finner du på:
www.serinn.no



ULLEVÅL SYKEHUS
MIKROBIOLOGISK AVD.
0407 Oslo
Tlf. 22 11 88 25

Navn, fødselsdato og adresse må fylles ut.

MÅ FYLLES UT

REKVIRENT	PASIENT
Navn Dr.med Torbjørn S. Haugen 2106191	Fødselsdato og personnummer
Avd./sykehus K.A.L.	Etternavn
Adresse Sognsveien 75F	Fornavn
Postnr./poststed 0855 OSLO	Postnr. og bostedsfylke
Rekvirent kode 2106191 Tlf. 22026810	Referansenummer for elektronisk pasientkobling 00172659
	Innlagt <input type="checkbox"/> Ja <input checked="" type="checkbox"/> Nei

PROBLEMSTILLING/KLINISKE OPPLYSNINGER

Undersøkelse i forbindelse med emigrasjon til USA, som krever immunstatus.

Til Prøvetaker: Identitet må kontrolleres med legitimasjon

Antimikrobiell terapi Nei Ja Fra til Medikament(er):

PRØVEMATERIALE tatt dato: kl.

<input type="checkbox"/> Urin, midtstrømsprøve	<input type="checkbox"/> Halsprøve	<input type="checkbox"/> Øreprøve	<input type="checkbox"/> Cervixprøve
<input type="checkbox"/> Urin, samlepose fra barn	<input type="checkbox"/> Neseprøve	<input type="checkbox"/> Øyepølse	<input type="checkbox"/> Urethraprøve
<input type="checkbox"/> Urin, engangskateterisering	<input type="checkbox"/> Nasofarynxaspirat	<input type="checkbox"/> Fæces i bakt. transportmedium	<input type="checkbox"/> Vaginalprøve
<input type="checkbox"/> Urin, permanent blærekateter	<input type="checkbox"/> Ekspektorat	<input type="checkbox"/> Fæces tilsatt 5-10 ml 4% formalin (for parasitt u.s.)	<input type="checkbox"/> Anusprøve
<input type="checkbox"/> Urin, blærepunksjon	<input type="checkbox"/> Trakealsekret	<input type="checkbox"/> Morsmelk	
<input type="checkbox"/> Blodkultur	<input type="checkbox"/> Larynxpensel	<input type="checkbox"/> Hudavskrap	
<input type="checkbox"/> Spinalvæske	<input type="checkbox"/> Bronkialsekret	<input type="checkbox"/> Neglmateriale	
<input type="checkbox"/> Leddsvæske	<input type="checkbox"/> Bronkialskyllevæske (BAL)	<input type="checkbox"/> Hår	
<input type="checkbox"/> Pleuravæske	<input type="checkbox"/> Sårsekret	<input type="checkbox"/> Blod/Serum til serologi	
<input type="checkbox"/> Ascitesvæske	<input type="checkbox"/> Puss		
<input type="checkbox"/> Dialysevæske	<input type="checkbox"/> Vesikkel		
	<input type="checkbox"/> Biopsi/autopsi		
	<input type="checkbox"/> Intravasalt kateter		

Lokalisasjon/nærmere beskrivelse.....

ØNSKET UNDERSØKELSE

AGENS PÅVISNING

- | | |
|--------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Alm. bakteriologisk u.s. | <input type="checkbox"/> Gonokokker |
| <input type="checkbox"/> Bare beta-hemolytiske streptokokker | <input type="checkbox"/> Tarmpatogene bakterier |
| <input type="checkbox"/> Mykobakterier (tb) | <input type="checkbox"/> Parasitter |
| <input type="checkbox"/> Kikhostebakterier | <input type="checkbox"/> Cl.difficile toxin (i fæces uten tilsetning) |
| <input type="checkbox"/> Gjærsopp | <input type="checkbox"/> Chlamydia trachomatis |
| <input type="checkbox"/> Dermatofytter | <input type="checkbox"/> Herpes simplex virus |
| <input type="checkbox"/> | <input type="checkbox"/> Luftveisvirus |
| <input type="checkbox"/> | <input type="checkbox"/> Andre virus: |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

SEROLOGI

- Aktuell sykdom Immunitetsstatus
1. sykdomsdag/sykdomsvarighet:
- Er prøve sendt tidligere: Nei Ja Når?
- | | |
|----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Mycoplasma pneumoniae | <input type="checkbox"/> Rubellavirus |
| <input type="checkbox"/> Chlamydia sp. | <input type="checkbox"/> Varicella/zoster virus |
| <input type="checkbox"/> Influenzavirus | <input type="checkbox"/> Parvovirus |
| <input type="checkbox"/> Epstein Barr virus/mononukleose | <input type="checkbox"/> (Erythema infectiosum) |
| <input type="checkbox"/> Cytomegalovirus | <input type="checkbox"/> Parotittvirus |
| <input type="checkbox"/> Hepatitt A virus | <input type="checkbox"/> Morbillivirus |
| <input type="checkbox"/> Hepatitt Bs antigen | <input type="checkbox"/> AST |
| <input type="checkbox"/> Hepatitt Bs antistoff | <input type="checkbox"/> Yersinia |
| <input type="checkbox"/> Hepatitt C virus | <input checked="" type="checkbox"/> Syfilis |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Borrelia |
| <input type="checkbox"/> | <input type="checkbox"/> Toxoplasma |

Laboratoriet velger av og til undersøkelser på grunnlag av de kliniske opplysninger og den epidemiiske situasjon

Dato **03/03/10** Legens underskrift **Dr.med Torbjørn S. Haugen**

Making an Appointment for Applicants Residing in DENMARK

The designated panel physicians in Denmark are:

Mette Gabriel, Carl Bryld &
Allan Rosetzsky
Danmarks Rederiforening
Lægekantoret
Amaliegade 33
1256 Copenhagen K
Tel.: 33 11 40 88
Phone hours: 9 a.m. - 1:30 p.m.
Monday - Friday
www.rejseoghelbred.dk

Karin B. Hansen & Stig Hansen
Lægehuset
Østerbrogade 62, 1.sal
2100 Copenhagen Ø
Tel.: 35 38 78 28
Phone hours: 9 a.m. - 4 p.m.
Monday - Friday

Anne Buus
Allergi- og Lungeklinikken Aarhus
Ryesgade 31, 4.tv
8000 Aarhus C
Tel.: 87 54 54 00
Phone hours: 10 a.m. - 12:00
Monday - Thursday
www.lungeklinikken.com
info@annebuus.dk

Karen K.V. Frost &
Jens W. Frost
Store Torv 5, 1.sal
8000 Aarhus C
Tel.: 86 20 11 99
Phone hours: 9 a.m. - 11:30 a.m.
Monday - Friday

You must make an appointment for your medical exam, preferably BEFORE your visa interview. Be sure to take your **passport, a separate passport photo, your vaccine record, for all male applicants: military service record or Certificate of Unfitness for Military Service or Rejection stating grounds of disability, glasses/contact lenses if any, a complete list of any medications you take, and the completed questionnaire below** with you to your medical exam. You are liable for any and all examination fees. The medical exam is valid for one year. When you call to make your appointment, you will also receive instructions about how and where to have the chest x-ray and blood work performed.

Please note: You must bring your passport for your appointment with the radiologist as well.

Fees for Applicants Residing in DENMARK

The fees are DKr. 500 for the radiological examination and DKr. 1500 for the general examination (DKr. 1200 for the examination of children). Required blood tests and vaccines incur an additional fee. The fee must be paid to the physician and radiologist respectively at the time of your appointment.

Questionnaire for Applicants Residing in DENMARK

This questionnaire must be completed by or on behalf of every applicant (including children) who is to be examined. When completed and signed, give it to the examining physician. Please **type or print (block letters)** answers to questions as fully as possible.

Full name:

Date of Birth: _____ **Year:** _____ **Age:** _____

Address:

Telephone Number(s):

Occupation:

Passport No: _____ **Issued by:** _____

Date of Issuance: _____ **Expires:** _____

1. In case of previous stays in hospitals and/or sanatoriums, give in chronological order dates and reasons for the hospitalization and the name(s) of the hospitals/sanatoriums:
2. If you have suffered from diseases that did not require hospitalization, state type and duration, and name and address of the attending physician or therapist. (You may disregard diseases like ordinary colds, influenzas and children's diseases):

3. **For MALE Applicants:**

Have you served any military duty? _____ If so, length of service? _____

If not, give reason (if rejected, state date and reason):

4. **For FEMALE Applicants:**

Have you ever been pregnant? _____ How many births? _____

Give dates (year): _____

Are you pregnant? _____ If "Yes" state month of pregnancy: _____

I hereby declare that the above statements are true and correct and to the best of my knowledge and belief.

Date: _____

Signature: _____