



Medical Examination Instructions to Visa Applicants

All persons applying at this Embassy must have an examination performed by one of the authorized physicians listed below.

FIJI:

Dr. A. Wahid KHAN Dr. John C. Fatiaki

Bayly Clinic Epworth Clinic

193 Rodwell Road Corner Stewart & 9th Streets

SUVA Telephone: 331-5888 Epworth House, Suite 13

SUVA Telephone: 330-2421

Drs. Robin & Rosemary MITCHELL

83 Princess Road

Tamavua

SUVA Telephone: 337-1133

Email: Mitchell@connect.com.fj

LAUTOKA:

Dr. Mukesh C. BHAGAT Dr. Davendra NANDAN

47 Drasa Avenue Bayly Clinic

P.O.Box 4550 Nede Street, P.O. Box 5285

LAUTOKA Telephone: 665-2955/ LAUTOKA Telephone: 666-4599

995-2369

TONGA:

Dr. Mapa PULOKA

SMO I/c Psychiatric Unit/ Authorized Physician

Ministry of Health

Vaiola Hospital

Clinical Services

P.O.Box 59, Nukualofa, Tonga

Telephone (676)23-200

Fax (676)24-210

Email: vhclnser@kalianet.com.to

IDENTIFICATION: Please take the attached letter to the doctor and a currently valid passport for yourself and any members of your family to be examined. The examination will not be performed without the passport(s).

FEES: You will have to pay all costs associated with the medical examination.

TIMELINESS: You should allow at least 8-10 working days to obtain the medical results. The results will be given to you in a sealed envelope, or sent directly to the Embassy, at the doctor's discretion. If you bring the results yourself, you have to make an extra trip to the doctor's office. If the results are mailed or delivered to the Embassy, you must allow additional time. If you fail to schedule your medical examination in time for the results to reach the Embassy before your appointment, your interview will be cancelled.

Consular Section
P.O. Box 218 SUVA, Fiji
Telephone: (679) 331-4466
Email: consularsuva@state.gov

Dear Doctor:

The person(s) named below have selected you to perform their medical examinations in connection with applications for United States visas.

You are requested to verify the identity of the applicant against his or her passport, which will contain the photograph and physical description.

Please conduct the examination in accordance with the instructions previously provided. All completed forms are to be given to the applicant in a sealed envelope or sent directly to the Embassy, depending on the case. X-Ray films are to be handled in a similar manner, depending on whether they are Class A cases.

Your assistance and co-operation in this matter is most appreciated.

Sincerely,
United States Consul

PERSONS TO BE EXAMINED:

NAME: BIRTHDATE: BIRTHPLACE:

6/27/2008