

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
Bayly Clinic
193 Rodwell Road
SUVA Telephone: 331-5888

Email: awkhan@netfiji.com.fj

Dr. John C. Fatiaki
Epworth Clinic
Corner Stewart & 9th Streets
Epworth House, Suite 13
SUVA Telephone: 330-2421
Email: docjohn@connect.com.fj

Dr. Rosemary MITCHELL
Level 4, Tappoo City
SUVA Telephone: 337-1133
Email: mitchellclinic@connect.com.fj

LAUTOKA:

Dr. Mukesh C. BHAGAT
47 Drasa Avenue
P.O.Box 4550
LAUTOKA Telephone: 665-2955/
995-2369

Email: drbhagat@connect.com.fj
Email: mcbhagat@hotmail.com

Dr. Davendra NANDAN
Bayly Clinic
Nede Street, P.O. Box 5285
LAUTOKA Telephone: 666-4599

Email: davendran@gmail.com

TONGA:

Dr. Ana Akaoula
Friendly Islands Medical Clinic

Kolomotu'a, Tongatapu
Telephone (676) 25-725

Email: aakauola@health.gov.to

Dr. Siaosi Aho (George Aho)
Friendly Islands Medical
Clinic
Kolomotu'a, Tongatapu
Telephone : (676)23-200 ext.
1502
Email: gaho@health.gov.to

IDENTIFICATION: Please take the attached letter (on reverse of this list) to the doctor, and a currently valid passport for yourself and any derivative 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.

****See Reverse for Letter to the Doctor****



Embassy of the United States of America

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. The 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,

Consul
Embassy of the United States

PERSONS TO BE EXAMINED:

NAME:

BIRTHDATE:

BIRTHPLACE:

****Please see reverse for list of authorized Doctors****