



CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA

Immigrant Visa Section
3rd Floor, CitiGroup Bldg., 23 Customs Street East, Private Bag 92022
Auckland, New Zealand
Ph (09) 303 2724 extn 2810 Fax:(09) 366 0870
AucklandIV@state.gov

**INSTRUCTIONS FOR VISA APPLICANTS REQUIRING MEDICAL EXAMINATION
FOR UNITED STATES VISAS**

A medical examination is required of ALL applicants for immigrant visas and under certain circumstances, of applicants for other category non-immigrant visas. The medical examination can only be conducted by one of the **authorized panel physicians** listed on reverse. No other physician may perform this examination. **YOU SHOULD THEREFORE MAKE AN APPOINTMENT FOR A MEDICAL EXAMINATION WITH ONE OF THE LISTED DOCTORS. IT IS ESSENTIAL THAT YOU TAKE YOUR PASSPORT(S) WITH YOU AS A MEANS OF IDENTIFICATION. THE PASSPORT MUST ALSO BE PRESENTED TO THE RADIOLOGIST AND THE MEDICAL LABORATORY AS IDENTIFICATION, together with this form.** (Please complete your passport details on reverse of this form to present to Doctor & Laboratory.) If you do not speak English fluently, please take an adult interpreter with you. Medical reports are usually valid for twelve months from the date of examination. Medical examinations **cannot** be performed in the U.S.

The medical examination includes a chest x-ray examination for tuberculosis, and blood serological test for each visa applicant who has reached his or her 15th birthday. In some circumstances, medical examiners may require these tests of persons younger than 15.

The physician will advise you regarding obtaining the chest x-ray and blood test.

As of January 4, 2010, HIV infection is no longer defined as a communicable disease of public health significance. Testing for HIV infection is no longer required as part of the U.S. immigration medical screening process. HIV infection no longer requires a waiver for entry into the United States. The CDC determined that while HIV infection is a serious health condition, it is not a communicable disease that is a significant public health risk for introduction, transmission, and spread through casual contact.

These tests may be performed at any facility approved by the examining physician. All examination reports will be delivered directly to the Consulate General by the physician. **UNLESS OTHERWISE INDICATED BY THE PANEL PHYSICIAN OR BY THIS OFFICE, THE X-RAY FILM IS NOT REQUIRED ON THE DAY OF INTERVIEW** but should be taken to the U.S. with you and retained for your own personal records and brought to any follow-up medical appointments in the U.S.

The medical reports are valid for six or twelve months from the date of examination, depending on the examination results. Your medical report must be valid at the time of your entry into the U.S. If the medical report is due to expire during the usual six months validity of an immigrant visa, your visa will be limited to match the validity of your medical report.

VACCINATION REQUIREMENTS: Immigrant visa applicants are required to obtain certain vaccinations (some of which are listed below), prior to the issuance of an immigrant visa. Panel Physicians are required to verify that immigrant visa applicants have met the vaccination requirements. The required vaccinations listed **are dependent on the age of the applicant.** **You should take any prior vaccination record with you to the consular physician, who will advise you which vaccinations/immunology are required and whether you require further vaccinations:**

MUMPS, MEASLES, RUBELLA, POLIO, TETANUS & DIPHTHERIA TOXOIDS,
PERTUSSIS (WHOOPIING COUGH), INFLUENZA TYPE B (HIB), HEPATITIS B,
VARICELLA (CHICKEN POX), PNEUMOCOCCAL, AND INFLUENZA.



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NOTE: Medical examination results can take up to two weeks or more to be completed for the panel physician. ALL EXAMINATION RESULTS MUST BE RECEIVED BY THE CONSULATE GENERAL PRIOR TO THE APPLICANT'S APPOINTMENT FOR VISA INTERVIEW. No visa can be issued without the completed results.

ALL MEDICAL FEES ARE TO BE PAID TO THE DOCTOR ON THE DAY OF EXAMINATION. MEDICAL FEES ARE NOT PAID BY THE U.S. GOVERNMENT.

LIST OF PANEL PHYSICIANS

AUCKLAND

- Dr. Megan Corbett : CityMed, Ground Floor,
- Dr. Donna Marshall : Quay West Bldg. : (09) 377-5525
- Dr. Lidia Nowak, : Cnr Albert St & Mills Lane
- Dr. Lisa Searle, : Auckland 1

- Dr. W. L. Daniels : 320 Remuera Road, Remuera Doctors : (09) 524-6504

- Dr. Anton Wiles : Remuera, Auckland 5

- Dr. Marcus Stone : Remuera Med. Center, 377a Remuera Road : (09) 520-1565
Remuera, Auckland 5

WELLINGTON:

- Dr. David Hingston : ANZUS Medical Assessments Ltd.Level 16, Tenant 3, : (04) 282-1180
Advice First House 142 Lambton Quay

- Dr Edwin Whiteside : The Terrace Medical Specialists, Level 1, 50 The Terrace : (04) 499-3236

CHRISTCHURCH

- Dr. Michael Ozimek : (High Street City Health, : (03) 341-8780
- & Dr. T. Wilson : (62 Riccarton Road, Riccarton 8011

SECTION I: APPLICANT TO COMPLETE THIS SECTION

My passport, on which my photograph is attached, contains the following information:

Full name: _____ Nationality: _____
 Passport No. _____ Place of Issue: _____
 Date of Issue: _____ Date of Expiry: _____



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SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

*** Attach 1 photo of applicant here:**

PHOTO

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

Signature of examining panel physician: _____ Date: _____

Signature of X-Ray supervisor: _____ Date: _____

Signature of Laboratory Technician: _____ Date: _____

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SUPPLEMENTAL FORM FOR ADDITIONAL FAMILY MEMBERS

APPLICANT #2

SECTION I: APPLICANT TO COMPLETE THIS SECTION

My passport, on which my photograph is attached, contains the following information:

Full name: _____ Nationality: _____

Passport No. _____ Date of Issue _____

Place of Issue: _____ Date of expiry: _____

SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

*** Attach 1 photo of applicant here:**

PHOTO

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

Signature of examining panel physician: _____ Date: _____

Signature of X-Ray supervisor: _____ Date: _____

Signature of Laboratory Technician: _____ Date: _____