



EMBASSY OF THE UNITED STATES ASHGABAT, TURKMENISTAN

9 Pushkin Street, Ashgabat, Turkmenistan

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 the doctor listed below. Please bring your passport(s), 3 recent photographs, and your vaccination records. It is important that you take your vaccination records to the panel physician examination. It is required that the panel physician administers the appropriate vaccines. If you do not speak Russian or Turkmen 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. In some circumstances, medical examiners may require these tests of persons younger than 15.

In most cases the examining physician will return the completed medical report with the results of the chest X-Ray and blood test directly to you in sealed envelope. **Please do not open this envelope.** 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 (or CD) is not required on the day of interview but must be taken to the U.S., retained for your own personal records, and brought to any follow-up medical appointments in the U.S. In certain circumstances the examining physician will send your test results directly to the Consulate.

Medical examination results can take up to two weeks to be completed. They can only be conducted by the authorized panel physician 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 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 US. If the report is valid for less than 6 months, your visa will be limited to match the validity of your medical report.

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 panel physician.

Panel Physician:

Dr. Arslan Kurbanovich Nepesov
Back up: Dr. Teymur Arslanovich Nepesov

UN Building, 40 Galkynysh Street
Ashgabat, 744000
Turkmenistan

Tel. office 993-12-425250 ext. 226
Fax: 993-12-421822
Mob. 993-66-307870
Email: doctor@untuk.org

The basic fee for the examination (Physical examination, chest x-ray and serologic test for syphilis) should be no more than \$150USD. Additional fees may be charged for additional tests or vaccines.

9 FAM 42.66 Exhibit II

*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 stapled 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.*

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 & BLOOD TEST SUPERVISORS

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: _____

IMPORTANT FOR PANEL PHYSICIAN:

Please attach photographs as follows:

PHOTO #1: Attach to Form DS-2053

PHOTO #2: Attach to your referral form for Chest-X-ray request

PHOTO #3: Attach to your referral form for Blood Collection