



MEDICAL EXAMINATION FOR IMMIGRANT VISA

An appointment for a medical examination can be made with one of the following doctors:

Dr. Kaesemans
 Dr. Jean Degreef
Centre Medical Meyser
Boulevard Leopold III no. 5
1030 Brussels
Phone: 02/705.81.14

Dr. Wildiers
Verversrui 34
2000 Antwerp
Phone: 03/232.17.28

Dr. Jean Koppes
 Dr. Sonja Adam-Becker
29 rue Alphonse München
L-2172 Luxembourg
Luxembourg
Phone 00352/45.83.93

Be sure to fill out the questionnaire concerning your medical background and present it to the doctor. Please also take your identity card or passport with you and one photo. The fee for the medical examination must be paid on the spot (see table below):

	Brussels	Antwerp	Luxembourg
	€	€	€
Consultation	40	40	73
X-Rays	35	25	30
Laboratory	20	25	16
Total	95	90	119

It is essential that you be on time for the medical examination. Failure to keep an appointment may delay your immigrant visa issuance. Please note that you need to bring your medical results on the day of your appointment at the Embassy.

Persons under 15 years of age do not require a blood test or X-rays. Women who are pregnant do not require X-rays.

IMPORTANT NOTICE TO IMMIGRANT VISA APPLICANTS CONCERNING VACCINATION REQUIREMENTS

Recent changes to United States Immigration Law now require immigrant visa applicants to obtain certain vaccinations (listed below) prior to the issuance of an immigrant visa.

Panel physicians who conduct medical examinations on behalf of immigrant visa applicants are now required to verify that immigrant visa applicants have met the new vaccination requirement, or that it is medically inappropriate for the visa applicant to receive one or more of the listed vaccinations: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B (HIB), hepatitis B, varicella, pneumococcal, and influenza.

In order to assist the panel physician, and to avoid delays in the processing of an immigrant visa, all immigrant visa applicants should have their vaccination records available for the panel physician's 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 record, 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 requirement. Certain waivers of the vaccination requirement are available upon the recommendation of the panel physician.

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

Supplemental charges for vaccination against:

Infanrix (diph+tét+per+polio+hib+HBV)	50, 30 €
Tetravac (diphtheria, tetanus, and pertussis and polio)	20, 72 €
Priorix (measles, mumps, rubella)	24, 29 €
Act HIB (haemophilus, influenza type b)	18, 56 €
Engerix Junior (hepatitis B junior)	17, 42 €
Engerix (hepatitis B pro adulto)	28, 98 €
Twinrix Junior (hepatitis a + b junior)	41, 05 €
Havrix Junior (hepatitis A)	30, 04 €
Varilix (varicella)	50, 09 €
Prevenar (pneumococcal)	66, 15 €
Pneumo 23 (pnaumococcal pro adulto)	19, 09 €
Influvac (Influenza)	10, 62 €
Imovac (polio IPV)	5, 40 €
Rotarix (rotavirus)	77, 40 €
Meningitec (meningococcal)	35, 67 €
Gardasil (papillomavirus)	130, 22 €
Boostrix (tetanus, diphtheria, pertussis pro adulto)	21, 85 €

MEDICAL QUESTIONNAIRE

Please complete this form and take it with you when you go to the doctor, it will be retained as part of your medical report.

LAST NAME: **FIRST NAME:**

AGE: **SEX:**

	YES	NO
Have you ever been examined medically for a visa or a permit to enter the United States?		
Have you ever been in a hospital for any condition? List the name of the hospitals and dates stayed there:		
Have you ever had Tuberculosis? Any lung or chest disease? Have you ever had pleurisy?		
Have you ever had any illness requiring prolonged treatment at home or elsewhere? If so give details:		
Have you ever suffered from trachoma or any serious eye disease?		
Have you ever suffered from blood or venereal diseases?		
Have you ever suffered from epilepsy, convulsions, seizures, fits, or fainting spells?		
Have you ever suffered from a nervous or mental condition?		

I hereby certify the above information given by me is correct.

DATE: **SIGNATURE:**

Table 1: Requirements for routine vaccination of immigrants examined overseas who are not fully vaccinated or lack documentation.

Vaccine	Age						
	Birth-1 month	2-11 months	12 months-6 years	7-10 years	11-17 years	18-64 years	≥65 years
DTP/DTaP/DT	NO	YES		NO			
Td/Tdap	NO			YES, ≥7 years old (for Td); 10-64 years old (for Tdap)			
Polio (IPV/OPV)	NO	YES				NO	
MMR	NO		YES, if born in 1957 or later			NO	
Rotavirus	NO	YES 2-6 months old	NO				
Hib	NO	YES 2-59 months old		NO			
Hepatitis A	NO		YES 12-23 months old	NO			
Hepatitis B	YES, through 18 years old					NO	
Meningococcal (MCV/MPSV)	NO			Yes 11-18 years old		NO	
Human papillomavirus	NO			YES, for females 11-26 years old		NO	
Varicella	NO		YES				
Zoster	NO					YES, ≥60 years old	
Pneumococcal	NO	YES, 2-59 months old (for PCV)		NO			YES (for PPV)
Influenza	NO		YES, 6-59 months old (annually each flu season)	NO			YES, ≥50 years old (annually each flu season)

DTP=diphtheria and tetanus toxoids and pertussis vaccine; DTaP=diphtheria and tetanus toxoids and acellular pertussis vaccine; DT=pediatric formulation diphtheria and tetanus toxoids; Td=adult formulation tetanus and diphtheria toxoids; Tdap=adolescent and adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (Boostrix for persons 10-18 years old; Adacel for persons 11-64 years old); IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); MMR=combined measles, mumps, rubella vaccine; Hib=*Haemophilus influenzae* type b conjugate vaccine MCV=meningococcal conjugate vaccine; MPSV=meningococcal polysaccharide vaccine; PCV=pneumococcal conjugate vaccine; PPV=pneumococcal polysaccharide vaccine.