



**EMBASSY OF THE UNITED STATES OF AMERICA
Lusaka, Zambia**

United States Embassy
P. O. Box 320065
Lusaka, Zambia

Medical Examination Instructions

1. You have been given this letter because you must have a medical examination prior to your visa interview. This medical exam **MUST** be done by one of the Embassy's Panel Physicians:

Dr. Margaret M. Siwale
Lusaka Trust Hospital
Plot 2191, Nsumbu Rd., Woodlands
P.O. Box 35852, Lusaka, Zambia
Telephone: 0211-252190, 0211-253481, 0211-254702
Fax: 0211-252292
Email: lth@coppernet.zm

Dr. Henry Mulenga
Lusaka Trust Hospital
Plot 2191, Nsumbu Rd., Woodlands
P.O. Box 35852, Lusaka, Zambia
Telephone: 0211-252190, 0211-253481, 0211-254702
Fax: 0211-252292
Email: lth@coppernet.zm

2. You are required to schedule an appointment for a medical examination. You will be required to pay the physician for the medical examination.
3. The panel physician already has the required medical forms which must be completed and sealed by him/her after the examination. This form, along with any X-ray film, must be presented at the time of the visa interview.
4. A blood test for the antibody to the Human Immunodeficiency Virus (HIV) is no longer a mandatory part of the medical exam and HIV infection will no longer be a ground of ineligibility. For applicants who may benefit from being tested for HIV, the panel physician may counsel the applicant about HIV, and may administer an HIV serologic test, if the applicant consents to the testing. The results of the HIV serologic testing will be provided to the consular section as part of the visa medical examination packet of forms.
5. The results of this medical exam are valid for a period of six months.