Embassy of the United States of America

Riyadh, Saudi Arabia

Date:

To: Physician-in-charge

Riyadh:
Olaya Medical Center, Tel: 464-5501
AlWarood Medical Center, Tel: 470-3355

Jeddah:
Abu Zinadah Hospital, Tel: 651 0652 or 651 5939

AlKhobar:
As Salama Hospital, Tel, 864 1011 or 864 1232

Present this instruction sheet along with your passport to the Physician in Charge

At the time of examination, the hospital will provide Medical Forms: DS 2054 or DS 3030 or DS 3025 or DS 3026.

The individual(s) accompanying this letter is (are) making application(s) for an immigrant or fiancée visa(s) to the United States. The United States Public Health Regulations currently in force require that each applicant present a current physical and medical examination for syphilis and stool examination for presence of parasites.

The Panel Physician must make careful comparison of the identity of the visa applicant to the photograph attached to the alien's passport or to other documents of identity.

Medical Forms – DS 2053, DS 3024, DS 3025 and DS 3026, as appropriate – should be completed, endorsed by the Panel Physician, and returned to the American Embassy together with X-ray and copies of the laboratory reports. **It should be clearly understood that all costs would be borne by the applicant(s).**

AT THE TIME OF MEDICAL EXAMINATION YOU MUST PRESENT YOUR FAMILY MEMBER'S PASSPORTS AND YOURS TO THE PHYSICIAN IN-CHARGE.