

Medical Examination Instructions to Visa Applicants

All persons applying at this Embassy must have an examination performed by one of the authorized physicians listed below.

SUVA:

Dr. A. Wahid KHAN

Bayly Clinic
193 Rodwell Road

SUVA

Telephone: 331-5888

Mobile: 8377320

Email: awkhan55@gmail.com

Dr. John C. Fatiaki

Epworth Clinic
Corner Stewart & 9th Streets
Epworth House, Suite 13

SUVA

Telephone: 330-2421

Email: docjohn@connect.com.fj

Dr. Rosemary MITCHELL

Level 4, Tappoo City
SUVA Telephone: 337-1133

Email: mitchellclinic@connect.com.fj

LAUTOKA:

Dr. Mukesh C. BHAGAT

47 Drasa Avenue
P.O. Box 4550
LAUTOKA Telephone: 665-2955/
995-2369

Email: drbhagat@connect.com.fj

Email: mcbhagat@hotmail.com

Dr. Davendra NANDAN

Bayly Clinic
5 Nede Street, P.O. Box 5285
LAUTOKA Telephone: 666-4599

Email: nandandavendra@gmail.com

TONGA:

Dr. Ana Akaoula
Friendly Island Medical Centre
P.O. Box 717
Nukualofa, Tongatapu
Telephone: (676) 25-725
Email: fimedicalclinic@gmail.com

Dr. Siaoosi Aho (George Aho)
Friendly Island Medical Centre
P.O. Box 717
Nukualofa, Tongatapu
Telephone: (676) 23-200 ext. 1502
Email: gtaho1@gmail.com

IDENTIFICATION: Please take the attached letter (on reverse of this list) to the doctor, together with your immigrant visa appointment letter from the National Visa Center, valid passport(s) and 4 passport size photos for yourself and each of your derivative family member(s) listed on your appointment letter to be examined. All medical forms are available at the panel physician's office.

FEES: You will have to pay all costs associated with the medical examination.

TIMELINESS: You should allow at least 8-10 working days to obtain the medical results. The results will be given to you in a sealed envelope, or sent directly to the Embassy, at the doctor's discretion. If you bring the results yourself, you have to make an extra trip to the doctor's office to pick up the results. If the results are mailed or delivered to the Embassy, you must allow additional shipping time. If you fail to schedule your medical examination in time for the results to reach the Embassy before your appointment, your interview may be cancelled.

****See Reverse for Letter to the Doctor****



Embassy of the United States of America

Consular Section
P.O. Box 218 SUVA, Fiji
Telephone: (679) 331-4466
Email: consularsuva@state.gov

Dear Doctor:

The person(s) named below have selected you to perform their medical examinations in connection with applications for United States visas.

You are requested to verify the identity of the applicant against his or her passport, which will contain the photograph and physical description.

Please conduct the examination in accordance with the instructions previously provided. The completed forms are to be given to the applicant in a sealed envelope or sent directly to the Embassy, depending on the case. X-Ray films are to be handled in a similar manner, depending on whether they are Class A cases.

Your assistance and co-operation in this matter is most appreciated.

Sincerely,

Consul
Embassy of the United States

PERSONS TO BE EXAMINED:

NAME:

BIRTHDATE:

BIRTHPLACE:

****Please see reverse for list of authorized Doctors****