



## CONSULATE GENERAL OF THE UNITED STATES

LEVEL 10 MLC CENTRE 19-29 MARTIN PLACE SYDNEY NSW 2000

<http://canberra.usembassy.gov> Fax: 61 2 9373 9184

### Authorized Panel Physicians

Medical reports are **valid for three or six 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 United States. If the report is valid less than six months, your visa will be limited to match the validity of your medical report. **Please take this validity period into consideration when scheduling your medical appointment.**

Name	Address	Phone
<b>New South Wales</b>		
Dr. Joseph N. Waks	George St. Medical Centre 1st Floor, 308 George Street Sydney, NSW 2000	(02) 9239-1677
Dr. Celina Rappaport	George St. Medical Centre 1st Floor, 308 George Street Sydney, NSW 2000	(02) 9247-4653
Dr. Fiona Stanaway Dr. Rebekah Hoffman Dr. Simonne Shepperd	Medibank Health Solutions Level 3, 136 Chalmers St Surry Hills, NSW 2010	1300 361 046
<b>Queensland</b>		
Dr. Gary Litherland	Cairns Tourist & Local Medical Services Cairns Travel Clinic 15 Lake Street Cairns, QLD 4870	(07) 4041-1699 <a href="http://www.ctlmedical.com.au">www.ctlmedical.com.au</a>
Drs. Ross Taylor Dr. Brian Kable Dr. James Yates	Anzac Square Medical Center 280 Ann Street Brisbane, QLD	(07) 3229-1344 <a href="mailto:admin@anzacsquaremc.com.au">admin@anzacsquaremc.com.au</a>
<b>Victoria</b>		
Dr. Charles Okraglik	Bridge Street Clinic 141 Bridge Street Port Melbourne, VIC 3207	(03) 9646-3551 <a href="mailto:visamedical@bigpond.com">visamedical@bigpond.com</a>
Dr. Andre Dreyer Dr. Maricar Sy Dr. Bindhiya Venugapalan	Medibank Health Solutions Level 4, 501 Swanson St Melbourne, VIC 3000	1300 361 046
<b>Western Australia</b>		
Dr. John Bateman	Kinetic Health – CBD 15-17 Williams Street Perth WA 6000	Tel: (08) 6222 6555 Fax: (08) 9242-9732 <a href="mailto:jbateman@primehealth.com.au">jbateman@primehealth.com.au</a>
Dr. Elizabeth Sinclair	Mill Street Medical Mill Street Medical Practice Ground Floor, 5 Mill Street	(08) 9322-4788

	Perth, WA 6000	
St. Francis Medical Centre (Start date at this centre to be advised)	Unit 12, 29 Station Street Subiaco WA 6008	
Fitzgerald Medical Centre	435 Fitzgerald Street North Perth WA 6006	(08) 9228 8173 <a href="mailto:email-office@fitzmed.com.au">email-office@fitzmed.com.au</a>

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-2054

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

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