

INFORMATION ABOUT MEDICAL EXAMINATIONS FOR VISA APPLICANTS

Please read CAREFULLY all the information contained in this document (especially pages 6, 7, and 8 regarding vaccines). Once you have read and understood it, complete the web form found [here](#). Make sure you have filled out ALL the fields and have done so using the PASSPORT with which you are applying for your Visa. Once the online form is completed and submitted, we will call you within 2 business days to schedule an appointment. If the 2 business days have passed, you can call us at 914-351-823 during Monday to Friday, from 09:00 to 15:00, and press extension 2.

GENERAL CONSIDERATIONS

To obtain your visa, you will need to attend 3 (three) in-person appointments in Madrid. One for the medical examination at Unidad Médica, another for the review of your documentation at the U.S. Embassy, and the final one for your definitive consular interview at the U.S. Embassy.

If your medical examination is scheduled on a Tuesday, Wednesday, or Thursday, you CAN GO to the U.S. EMBASSY on the same day from 11:30 AM to 1:00 PM, and then at 2:30 PM sharp for the review of your documents and fingerprints. This way, you will have TWO APPOINTMENTS on the same day. This depends on whether you can make your medical exam AND be at the embassy between 11:30 AM to 1:00 PM or, at the latest, at 2:30 PM sharp.

If the medical exam is on a Monday or Friday, or if you cannot go to the embassy on the same day as your medical review on Tuesday, Wednesday, or Thursday, you must go to the embassy on the next immediate Tuesday at 8:00 AM.

The medical examination and this first visit to the embassy must be done at least 21 natural days before your second appointment for the consular interview.

You will need to provide the documents detailed in the PRE INTERVIEW CHECKLIST (click [here](#)) and the proof that you have completed your medical examination, which will be given to you at the clinic.

If, for any reason, the medical examination has not been completed before your consular interview, it may delay the interview. The most common reason for not being able to complete the medical examination is the lack of some required vaccines, so it is essential that you receive them promptly within that timeframe.

IMPORTANT INFORMATION REGARDING COVID19 VACCINATION. (Update 29/11/2023)

- The U.S. CDC requires that on the day of your appointment, you provide us with your complete COVID-19 vaccination record, including vaccine type (Brand), batch (if available), and the dates of all received doses.*
- To meet CDC's criteria, you must have completed the initial vaccine series and received at least one vaccination in the last 12 months, which can be either part of the initial series or a booster dose.*
- Only vaccines authorized by the FDA or WHO are accepted.*
- Applicants aged 6 months and older (meeting vaccine criteria) or any other applicant from 5 years of age must meet the above requirements.*
- The above information may change without prior notice in the future, so please stay tuned for updates to this document.*

ON THE DAY OF YOUR MEDICAL EXAMINATION YOU WILL NEED:

- Appointment confirmation page (with the appointment date with the Embassy).
- Your original passport which nationality is eligible to apply for your American Visa.
- CEAC confirmation page DS-260 or DS-160 (Page with two codebards at the bottom).
- Vaccination record. (see page 5 and 6 Vaccinations).
- *Complete doses of Covid-19 vaccine (depending on formulation used) with the dates of the vaccine given. If they were 2 doses, then there should be 2 dates for each dose. IMPORTANT: The European COVID-19 Certificate is not valid as proof since it only displays the date of the last administered dose. If you have received more than one vaccine, please request a vaccine record that includes the type of vaccine and the date of administration as evidence for your medical examination.*
- *Children and candidates under the age of 18, must come to the appointment with their parents or legal representatives, and with their respective passports. Legal representatives must present also their legal documents which entitle the representation.*

TYPES OF VISA.

- A. Immigration visa for children under the age of 2.
- B. Immigration visa for children between the ages of 2 & 14.
- C. Immigration visa for candidates over the age of 15.
- D. Fiancée Immigration visa (K-1).
- E. Non-immigration visa (alcohol, drugs, psychiatric disease.)

A. IMMIGRATION VISA FOR CHILDREN UNDER THE AGE OF 2.

- A Medical check-up will be performed.
- Review of the Vaccination Calendar. (See page 5 and 6, Vaccinations.)
- It costs 155 Euro.

B. IMMIGRATION VISA FOR CHILDREN BETWEEN THE AGES OF 2 & 14.

- *A Medical check-up will be performed.*
- *Review of the Vaccination Calendar. (See page 5 and 6, Vaccinations.)*
- *It costs 280 Euro.*

C. IMMIGRATION VISA FOR CANDIDATES OVER THE AGE OF 15.

- *A Medical check-up will be performed.*
- *Review of the Vaccination Calendar. (See page 5 and 6, Vaccinations.)*
- *Chest x-ray. It will be performed on the same day of the examination, at the Doctores Sales clinic (Calle de Núñez de Balboa, 88, 28006 Madrid), after the medical examination and without prior appointment.*
- *Though pregnant, chest x-ray is expected to be performed. It is important that you tell the Doctor at the Medical Check Up if you are pregnant, or if you think that you could be.*
- ***For applicants from 18 to 44 years of age, Blood test to detect syphilis (VDRL). It will not be necessary to fast beforehand.***
- ***For applicants from 18 to 24 years of age, Urine test to detect Gonorrhea by NAAT (nucleic acid amplification test). Sample is taken at the Clinic ONLY. No samples will be accepted otherwise.***
- *Cost: Applicants from 15 to 17 years old: 363 euros.*
- *Cost: Applicants from 18 a 24 years old: 393 euros.*
- *Cost: Applicants from 25 a 44 years old: 373 euros.*
- *Cost: Applicants from 45 years old onwards: 363 euros.*

D. FIANCÉE IMMIGRATION VISA (K-1).

- *A Medical check-up will be performed.*
- *Although NO Vaccinations ARE requested by Local US Consulate, they will do become compulsory once entered in the US. A Review of the Vaccination Calendar can be performed. (See page 5 and 6, Vaccinations).*
- *Chest x-ray. It will be performed on the same day of the examination, at the Doctores Sales clinic (Calle de Núñez de Balboa, 88, 28006 Madrid), after the medical examination and without prior appointment.*
- *Though pregnant, chest x-ray is expected to be performed. It is important that you tell the Doctor at the Medical Check Up if you are pregnant, or if you think that you could be.*

- ***For applicants from 18 to 44 years of age, Blood test to detect syphilis (VDRL). It will not be necessary to fast beforehand.***
- ***For applicants from 18 to 24 years of age, Urine test to detect Gonorrhea by NAAT (nucleic acid amplification test). Sample is taken at the Clinic ONLY. No samples will be accepted otherwise.***
- *Cost: Applicants from 15 to 17 years old: 363 euros.*
- *Cost: Applicants from 18 a 24 years old: 393 euros.*
- *Cost: Applicants from 25 a 44 years old: 373 euros.*
- *Cost: Applicants from 45 years old onwards: 363 euros.*

E. NON-IMMIGRATION VISA (HISTORY OF ALCOHOL, DRUGS, PSYCHIATRIC DISEASE).

- *A full Medical check-up will be performed.*
- *Costs with history of alcohol 393€. If history of alcohol and drugs 478€.*
- *No Vaccinations needed*

Vaccinations:

In the following page you will find a chart with the vaccines demanded by the US Embassy.

Check the chart according to YOUR age today and see that they appear in your vaccination records.

If the vaccines you need are not registered on your records or if you don't have any vaccination document,, here are your alternatives:

- *You can get those records from your family Doctor.*
- *You can get a blood screening for the MMR & Chickenpox to check for IgGs. You can do this with us, or with your family Doctor. If you choose the latter, you should bring the results to the appointment at your medical check up with us (consider the time you will need to get these results from your family Doctor).*
- *We can provide for the vaccines you need **EXCEPT for COVID-19 Vaccines.** Prices on chart.*

VACCINATION CHART. (Applicable to patient's age. See Specifications 2nd column)

VACCINE	SPECIFICATIONS	PRICES
DTP/DTaP/DT	From 2 months to 6 years old	15 Euro
Td/Tdap *	From the age of 7	30 Euro
Polio (IPV)	From 2 months to 17 years old	15 Euro
MMR **	Between the ages of 1 and 65.	30 Euro
Rotavirus	From 6 weeks to 8 months	Available upon request
Hib (Haemophilus influenzae Type B)	From 2 months to 5 years old	15 Euro
Hepatitis A	From 12 months to 18 years old	30 Euro
Hepatitis B	Every applicant till 59 years old	50 Euro
Meningococcus ACWY	From 11 to 18 years old	70 Euro
Chickenpox ***	From the age of 15 months	70 Euro
Pneumococcus	From 2 months to 5 years old and older than 65	20 Euro
Influenza (flu)	6 months and older (Only in Autumn-Winter).	33 Euro

** The last dose of the tetanus-diphtheria vaccine should have been administered within the last 10 years.*

*** A blood test that indicates positive antibodies can be used as proof of the MMR, (Measles IgG, rubella and mumps).*

**** A blood test that indicates positive antibodies can be used as proof of the Chickenpox, (Chickenpox IgG).*

***** A blood test that indicates positive antibodies can be used as proof of the Hepatitis B (HBSAb).*

WHEELCHAIR:

Please let us know on your call for the appointment, that you use a wheelchair so as to coordinate all the process on only one site (Radiology Clinic, Dres Sales).

THE MEDICAL EXAMINATION IS VALID FOR A PERIOD OF 6 MONTHS.

Consent Related to Medical Examination for Applicant Using the DS-2054

I understand that I am required to undergo a complete medical examination with an authorized physician in order to assess my eligibility consistent with Immigration and Nationality Act (INA) Sections 212(a) and 221(d). I understand that failure to provide required information may cause delay or denial of visa.

I understand that all applicants 15 years of age and older are required to undergo a chest radiograph (x-ray) to test for tuberculosis. I understand that if I am pregnant at the time of my initial medical exam I must consent and will be provided with abdominal and pelvic protection with double-layer, wrap-around lead shields. I understand that if I am pregnant I may refuse the chest radiograph. If I refuse the chest radiograph I understand that my visa application will not be processed until I have completed the requirement.

I understand that any willfully false or misleading statement or willful concealment of material fact made by me herein may subject me to permanent exclusion from the United States or may subject me to criminal prosecution and/or deportation.

The information provided on your medical examination report may be accessible to other government agencies having statutory or other lawful authority to use such information, including for the administration or enforcement of the immigration, nationality, and other laws of the United States.

Uso Interno

Enfermera: ☐ Medico: ☐

FECHA DE EXAMEN:

Nª DE HISTORIA:

MEDICO EN UMA : DR. GONZALEZ ☐ DR. REVERTE ☐ DR. SOLIS ☐

PENDIENTE: PASAPORTE ☐ FOTOS ☐ VACUNAS ☐ MANTOUX ☐

APELLIDOS (Last Name):.....

NOMBRE (Given Name):

SEXO (Sex): MUJER (Female) ☐ VARON (Male) ☐

FECHA DE NACIMIENTO (Date of Birth):

PAIS DE NACIMIENTO (Country of birth)

CIUDAD DE NACIMIENTO (City of birth):.....

PAIS DE RESIDENCIA ANTERIOR (Prior Country o Residence):.....

RESIDENCIA EN USA COMPLETA (Address Intended):.....
.....

RESIDENCIA ACTUAL COMPLETA (Address Home):

TELÉFONO (Phone):.....

Email:.....

NUMERO DE PASAPORTE (Passport Number): **Pais de Emision (Country of Issue):**..... **Fecha de emision (Date of Issue):**..... **Fecha de Caducidad (Date of Expiry):**.....

TIPO DE VISADO (Type of Visa):

Immigrant Visa..... Immigrant ☐ Special Immigrant ☐ Diversity ☐ Adoptee ☐

Refugee..... Refugee ☐ Visa 92 ☐

Asylee..... Asylee ☐ Visa 93 ☐

Non Immigrant Visa. K-Visa ☐ Other Non Immigrant Visa ☐

Parole Parolee ☐

FECHA ENTREVISTA EN LA EMBAJADA:.....
(Appointment date at the Embassy)

FIRMA DEL INTERESADO:

CONSENTIMIENTO PACIENTES

Madrid, en fecha

Unidad Médica, s.l. es el **Responsable del tratamiento** de los datos personales del **Interesado** y le informa de que estos datos se tratarán de conformidad con lo dispuesto en el Reglamento (UE) 2016/679, de 27 de abril (GDPR), y la Ley Orgánica 3/2018, de 5 de diciembre (LOPDGDD), por lo que se le facilita la siguiente información del tratamiento:

Fines y legitimación del tratamiento: prestación de servicios profesionales de salud y mantenimiento del historial clínico (por consentimiento del interesado, art. 6.1.a GDPR).

Criterios de conservación de los datos: se conservarán durante no más tiempo del necesario para mantener el fin del tratamiento o mientras existan prescripciones legales que dictaminen su custodia y cuando ya no sea necesario para ello, se suprimirán con medidas de seguridad adecuadas para garantizar la anonimización de los datos o la destrucción total de los mismos.

Comunicación de los datos: no se comunicarán los datos a terceros, salvo obligación legal. En caso que mi prestación médica sea abonada por un tercero autorizo a Unidad Medica SL a compartir la información médica o general que sobre mi persona deba transmitir a estos terceros para reclamar los pagos debidos.

Derechos que asisten al Interesado: - Derecho a retirar el consentimiento en cualquier momento. - Derecho de acceso, rectificación, portabilidad y supresión de sus datos y de limitación u oposición a su tratamiento. - Derecho a presentar una reclamación ante la Autoridad de control (www.aepd.es) si considera que el tratamiento no se ajusta a la normativa vigente.

Datos de contacto para ejercer sus derechos:

Unidad Médica, s.l.. C/ Conde de Aranda, nº 1, 1º-Izq. - 28001 Madrid (Madrid). Email: crey@unidadmedica.com

Datos de contacto del delegado de protección de datos: PLAZA PADRE JUAN DE MARIANA, 10, 1ª PL, 45600

TALAVERA DE LA REINA - dpd@ciberbot.com

El **Interesado** o su representante legal consiente el tratamiento de sus datos en los términos expuestos:

Nombre, con NIF

Representante legal de, con NIF

Firma:

PATIENT CONSENT

Mr/Mrs/Ms..... Pass/DNI/NIE.....

According to the **Reglamento (UE) 2016/679, and Ley Orgánica 3/2018, (LOPDGDD)**, we inform you that your data will be recorded on a file under Unidad Medica SL responsibility with the only purpose of dealing with the “doctor-patient” relationship. I authorize Unidad Medica SL to release any medical or general information about me to my Insurance Carrier or any third party responsible for my bills in order to make any relevant claims.

You are fully entitled to access, modify or cancel these records by writing a letter to “Unidad Medica SL” Calle del Conde de Aranda Nº1, 1º Izquierda 28001 – Madrid.

We will consider and keep your records as accurate until we know from you otherwise. You will contact us to inform of any modification and we have your consent to use your records so as to assist you with medical attention and to manage your medical records.

Madrid,

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Signature