

VISA INFORMATION

Please, read CAREFULLY all the information on this document. Complete the form at the end of the Instructions and read the Important Information from the US Embassy regarding your Consent at the final page of this Document.

GENERAL CONSIDERATIONS

Medical examinations for visa are carried out from Monday to Friday in the mornings.

It will be necessary to make an appointment by calling us on 914351823, from Monday to Friday, 9 a.m. to 3 p.m.

ON THE DAY OF YOUR MEDICAL EXAMINATION YOU WILL NEED:

- *Appointment confirmation page (with the appointment date with the Embassy).*
- *6 passport size photographs (Spanish or American passport size).*
- *Your original passport.*
- *CEAC confirmation page (DS-260 or DS-160).*
- *Visas form and the end of this document. **Please, print & fullfil. Then, bring it with you to the Clinic.***
- *Know the Visa Category you are applying for (Immigrant Visa, Refugee, Asylee, Non-Immigrant Visa or Parolee).*
- *Vaccination record. (see page 4, Vaccinations).*
- *Your **full** address in United States.(Address, Postal Code, City and State).*
- *Children and candidates under the age of 16, must come to the appointment with their parents or legal representatives.*

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. *Immigration / 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 4, 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 4, Vaccinations.)*
- *IGRA Quantiferon G. (blood screening)*
- *It costs 330 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 4, Vaccinations.)*
- *Blood test to detect syphilis (VDRL). It will not be necessary to fast beforehand.*
- *Urine test to detect Gonorrhoea by NAAT (nucleic acid amplification test).
Sample is taken at the Clinic ONLY.*
- *Chest x-ray. It will be performed on the same day of the examination, at the Doctores Sales clinic, after the medical examination and without prior appointment.*
- *It costs 393 Euro.*
- *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.*

D. FIANCÉE IMMIGRATION VISA (K-1).

- *A Medical check-up will be performed.*
- *Blood test to detect syphilis (VDRL). It will not be necessary to fast beforehand.*
- *Urine test to detect Gonorrhea by NAAT (nucleic acid amplification test). Sample is taken at the Clinic ONLY.*
- *Chest x-ray. It will be performed on the same day of the examination, at the Doctores Sales clinic, after the medical examination and without prior appointment.*
- *It costs 393 Euro.*
- *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.*
- *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 4, Vaccinations).*

E. IMMIGRATION / 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. 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/OPV)	From 2 months to 17 years old	15 Euro
MMR **	Between the ages of 1 and 47.	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 to 23 months old	Available upon request
Hepatitis B	Children under the age of 18	Available upon request
Meningococcus	From 11 to 18 years old	15 Euro
Chickenpox ***	From the age of 15 months	70 Euro
Pneumococcus	From 2 months to 5 years old and older than 65	15 Euro
Influenza (flu)	6 months and older (Only in Autumn-Winter).	25 Euro

* *Tetanus-diphtheria vaccine lasts for ten years, followed up by booster doses.*

** *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).*

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).

COLLECTION OF RESULTS.

*Results must be collected **in 5 business days** from the date of your appointment from Monday to Friday. If your exam was on Monday, you can collect it the following Monday.*

*If it is a Type B exam (2 – 14 years check up), **then allow 9 business days**. If your exam is on Monday, then you can collect it on Friday the following week.*

Results should be collected in person or by someone previously authorized to do so in writing. Immigration visa for children that include the Mantoux test can be collected after 48 hours.

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

E: M:

FECHA DE EXAMEN:

N^a DE HISTORIA:

NOMBRE (Name): APELLIDOS (Last Name):.....

LUGAR DE NACIMIENTO (CIUDAD Y PAIS) (Place of Birth, City and Country):.....

EDAD (Age) /FECHA DE NACIMIENTO (Date of Birth):

RESIDENCIA ACTUAL COMPLETA (Present Full Address):

.....

TELÉFONO (Phone):.....

RESIDENCIA EN USA COMPLETA:.....
(FULL ADDRESS IN USA)

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

NUMERO DE PASAPORTE (Passport Number):

MEDICO EN UNIDAD MEDICA : DR. RGUEZ DR. GLEZ DR: REVERTE DR SOLIS

PENDIENTE: PASAPORTE . FOTOS. VACUNAS. MANTOUX.

Email:.....

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:

PLEASE TURN OVER / DE VUELTA LA HOJA POR FAVOR

CONSENTIMIENTO PACIENTES

Sr/Sra.Con DNI

De acuerdo con lo que establece la Ley Orgánica 15/1999, le informamos que sus datos serán incorporados en un fichero automatizado bajo la responsabilidad de UNIDAD MEDICA SL con la finalidad de atender los compromisos derivados de la relación que mantenemos con usted.

Puede ejercer sus derechos de acceso, cancelación, rectificación y oposición mediante un escrito en nuestra dirección: C/ CONDE DE ARANDA 1 28001 MADRID

Mientras no nos comunique lo contrario, entenderemos que sus datos no han sido modificados y que se compromete a notificarnos cualquier variación y que tenemos el consentimiento para utilizarlos a fin de poder prestar la atención sanitaria requerida y gestionar su historial clínico.

Mediante mi firma dejo constancia de la aceptación de todo lo expuesto anteriormente en este documento y de que soy conocedor/a de mis derechos y obligaciones según la normativa de Protección de Datos de Carácter Personal.

MADRID a de de

Firma del consentimiento del interesado/a

PATIENT CONSENT

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

According to the DATA PROTECTION ACT 15/1999 of the Kingdom of Spain, 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.

You are fully entitled to access, modify or cancel these records by writing a letter to "Unidad Medica SL" Calle del Conde de Aranda N°1, 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.

You agree with all the aforementioned stated and you are aware that the DATA PROTECTION ACT 15/1999 of the Kingdom of Spain regulates your data protection rights.

Madrid, 201

Signature

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.