

9 FAM 42.66 EXHIBIT I SAMPLE WRITTEN AGREEMENT WITH MEDICAL PANEL PHYSICIANS

*(CT:VISA-1787; 12-15-2011)
(Office of Origin: CA/VO/L/R)*

Issued by: _____
U.S. Embassy/Consulate
(Address)

Physicians:
Dr. John Smith
Dr. Jane Doe
(Address)

Dear Drs. Smith and Doe:

You have been selected by the U.S. Embassy/Consulate (name of post) in consultation with the U.S. Public Health Service, as panel physician(s) to administer medical examinations at the above indicated address, when required, to persons seeking visas to enter the United States, in accordance with the following understandings:

- (1) You attest that you are under no disability that would preclude you from performance of services as outlined hereunder.
- (2) You are authorized to perform examinations and sign as Medical Technical Advisors on the Form DS-2053, Medical Examination for Immigrant and Refugee Applicants. Only physicians so authorized by the U.S. Embassy may perform such examinations and sign U.S. Government Form DS-2053. Designation of physicians is entirely within the authority of the U.S. Embassy and the U.S. Public Health Service.
- (3) Each applicant for whom a medical examination is scheduled is required to present to your office his/her passport or another photograph-bearing document serving as a travel document together with the Appointment Letter. The name shown on the Form DS-2053 must be checked against the passport or travel document serving as a travel document, together with the appointment letter. The name shown on the Form DS-2053 must

be checked against the passport or travel document to ensure that the person appearing for the medical examination is the one who is actually applying for the visa. Identification documents should be returned to the applicant.

- (4) The medical examination will be performed prior to the date stipulated in the notice sent to the applicant setting the date for his/her formal visa application. All reports and x-rays will normally be returned to the immigrant visa applicant in a sealed envelope for delivery to the U.S. Embassy, except where Class A, Class B1, or Class B2 conditions have been found. In such cases where a Class A, Class B1, or Class B2 medical condition is detected, a telephone call will be made to the Consular Officer. Said officer should also be informed by telephone when an applicant is found with such other Class B conditions that will require either in-flight medical assistance or whose management after arrival will require extensive medical or hospital care, special schools or institutional care, or extensive rehabilitation therapy.

The examination will be performed personally by you in accordance with the U.S. Public Health Service Technical Instructions for Medical Examination of Aliens, June 1991 (Technical Instructions), as amended by subsequent Department of State policy cables and Centers for Disease Control, Division of Quarantine revisory letters. The examination will include a(n):

- **Medical History** that includes a review of all significant inpatient care in hospitals and/or other institutions for mental or physical chronic care. Inquiry should include questions about psychoactive drug and alcohol use, a history of harmful behavior and about any prior diagnosis or therapy for psychiatric illness. A review of chest radiographs and treatment records is also *expected* for persons with a history of tuberculosis.
- **Immunization History** that reviews written documents of the applicant's prior immunizations and/or laboratory evidence of disease. Only doses of vaccine with written documentation of the date (at least month and year) of receipt of the vaccine, should be accepted, unless otherwise indicated by CDC technical instructions. Questions should also be asked regarding prior adverse reactions and other possible contraindications to vaccination. Immunizations previously received and considered valid should be transcribed to the DS-3025, Vaccination Documentation Worksheet.
- **Physical Examination** that includes, at a minimum, examination of the eyes, ears, nose and throat, extremities, heart, lungs,

abdomen, lymph nodes, skin and external genitalia.

- **Mental Status Examination** which includes, at a minimum, assessment of intelligence, cognition (comprehension), thought, judgment, affect (and mood), and behavior.
 - **Full-Size Chest Radiograph** (not required for persons under 15 years of age nor for pregnant women unless such persons are suspected of having tuberculosis).
 - **Serologic Test for Syphilis** (not required for persons under 15 years of age unless there is reason to suspect infection with syphilis). Positive screening tests will be repeated and if persistently positive, will be confirmed by a specific treponemal test using the original sample.
 - **Serologic Test for Human Immunodeficiency Virus** (not required for persons under 15 years of age except as indicated in the Technical Instructions). Positive screening tests will be repeated and if persistently positive, will be confirmed by a Western blot or equivalent test using the original sample.
 - **Sputum Smear Examination.** Any applicant with a chest radiograph suggestive of pulmonary TB, whose activity status is unknown or possibly active, shall require a sputum smear examination. The panel physician shall make arrangements for the sputum smear examination that shall require the supervised collection of sputum samples on three consecutive days, and a bacteriological examination of these samples by a competent and licensed microbiologist.
 - **Administration of Immunizations.** Based on the applicant's current immunization history, and applying the Immunization Schedule for Visa Applicants, the panel physician should offer to administer those vaccines which are needed to meet the requirements of the Immigration and Nationality Act. Vaccines currently given should be documented on the Form DS-3025, Vaccination Documentation Worksheet, as well as the reasons why other vaccine deficiencies were not met. A summary certification for meeting the immunization requirements should be made in the "Results" section of the report.
- (5) All examinations, radiographs, and serologic tests will be performed at the above indicated address, except as noted below:

The x-ray will be taken and read at: _____

The serologic tests for HIV and syphilis will be performed at:

The sputum samples will be taken and the acid-fast microscopy will be performed at: _____

The immunizations will be performed at: _____ facilities agreeable to the U.S. Embassy and the U.S. Public Health Service.

(6) All costs and administrative arrangements for personnel, supplies, equipment and office space rental needed for the examinations will be incurred and paid by you. The offices will be maintained in a suitable condition at all times, at no expense to the U.S. Government.

(7) You will ensure that sufficient staff is available to process examinations promptly and efficiently and to administer the collection of fees.

(8) The basic examination fee * to each applicant shall be:

For each applicant 15 years of age and older, the fee shall not exceed (fill in local currency amount) and shall include:

- Serologic test for syphilis and HIIV _____
- Chest x-ray and radiology consult _____
- Physical examination and documentation _____

Any additional serologic tests to confirm HIV infection will be performed at no extra charge to the applicant. Any additional chest x-rays or serologic tests for syphilis required to clarify results compromised by laboratory error will be performed at no extra charge to the applicant.

The fee for the bacteriological examination of sputum, when needed, for a series of three acid-fast smears is: _____

The fee for applicants under 15 years of age will not exceed: (fill in local currency amount).

Supplemental charges will also be approved for vaccination against:

Diphtheria, tetanus, and pertussis, or tetanus and diphtheria toxoids, plus

measles, rubella and mumps, plus

- Polio (inactivated) or (live oral) _____
- Hepatitis B: _____
- Haemophilus influenzae type b: _____
- Varicella: _____

*Includes review of immunization history but not the cost for individual vaccines and their administration.

- Pneumococcal _____
- Influenza: _____

Should the general examination reveal the need for additional tests or a more specialized examination, the work will be performed by consultants chosen by the applicants or designated by you. Any fee in conjunction with further tests or examinations will be at the expense of the applicant.

Pre-test counseling and post-test counseling of all classified cases shall be included in the basic charge for examination.

- (9) You may provide treatment for active tuberculosis and venereal diseases as outlined in the Technical Instructions. You may also provide, at your discretion but at no charge to the applicant or the U.S. Government, advice, treatment, or prescriptions for minor medical problems identified during your examination. Otherwise, you will not undertake the treatment of applicants with other conditions requiring medical attention with the exception of certain life-threatening emergencies.
- (10) You will maintain records and files, as indicated by the U.S. Embassy and the U.S. Public Health Service, which will be transferred to the Embassy upon termination of this letter of agreement.
- (11) You hereby attest that the prices quoted herein are fair and reasonable and not in excess of prices charged the general public.
- (12) You hereby agree to comply with all applicable laws and all rules and regulations having the force of law which deal with or relate to services as outlined in this letter and to the employment by you of any employees necessary to perform these services.

- (13) You shall save, and hold harmless, the U.S. Government and its employees or agents from any claims or liability of any kind that may arise out of any acts done or obligations assumed by you pursuant to this agreement.
- (14) Procedures outlined in the agreement are subject to review and consideration for amendment at any time upon receipt of written request for such by you or by the U.S. Embassy in _____ or by the U.S. Public Health Service.
- (15) This appointment and this letter of agreement will be effective from _____.

It is also agreed that this agreement may be terminated by either party with ninety days written notice.

- (16) This letter constitutes the entire agreement between you and the U.S. Government. No modification changing the scope or terms of this agreement shall have any force or effect unless it is in writing and signed by both parties.

Please acknowledge receipt of this letter and acceptance of the terms it contains by signing the certification below.

Agreement entered into this date for the period: _____

For the United States of America

(Date)

(U.S. Consular Officer's Name)

Acceptance Certification

(Date)

(Panel Physician's Name)