# 9 FAM APPENDIX O, EXHIBIT I ADDENDUM TO ASSURANCE FOR REFUGEES WITH CLASS A MEDICAL CONDITIONS

*(CT:VISA-868; 03-23-2007)*

**To be completed by sponsoring Agency and submitted to RPC attached to sponsorship assurance**

Case #_____ PA Name: _____

Class A condition(s): _____

Refugee Name: Date of Birth: Gender: Alien #

_____ _____ _____ _____

Sponsoring Agency/Affiliate: _____

Name of Director: _____

Address: _____

_____

Telephone: _____

**Necessary treatment and counseling for the Class A refugee will be provided by:**

Name of Clinic, Health Facility, Local Health Department, or Physician:

_____

Contact Name: _____

Address: _____

_____

Telephone: _____

_____ _____

Authorized Volag Signature Date

**Please use additional sheets to report additional medical service providers or other additional information potentially of interest to CDC.**