

CONSULATE GENERAL OF THE UNITED STATES  
JERUSALEM

IMMIGRANT VISA UNIT

Street Address: 14 David Flusser Street, Jerusalem  
Postal Address: P.O. Box 290, Jerusalem 9100201  
Email: jerusalemivquiries@state.gov

**INSTRUCTIONS FOR MEDICAL EXAMINATIONS FOR VISA APPLICANTS**

U.S. visa regulations require that all immigrant and refugee applicants undergo a medical examination prior to the interview appointment date. Medical exams must be performed by a designated panel physician (complete list below). These physicians have been approved by the U.S. Centers for Disease Control and as such, they are the only doctors authorized to complete the required medical exam required for immigration or refugee processing.

The panel physician will complete several forms, including Form DS-2054, *Medical Examination for Immigrant or Refugee Applicant*, Form DS-3026, *Medical History and Physical Examination Worksheet*, and Form DS-3025, *Vaccination Documentation Worksheet*. In addition, all applicants over the age of 15 will be required to have a chest x-ray (Form DS-3030, *Chest X-Ray and Classification Worksheet*) and blood tests as part of their medical examination. If you have specific questions or concerns about the required medical examination, please contact the panel physicians directly.

**PLEASE NOTE:** The medical exam results in immigrant visa cases are valid for up to 6 months if there is no suspicion of tuberculosis. The expiration date of an immigrant visa is limited according to the medical exam validity. Because of the time involved in processing immigrant visa cases, if applicants wish to avoid the delays and costs associated with having to renew part or the entire medical exam, they must come prepared to their interviews with all required documents.

**Fees Associated with Medical Exams**

<b>-Cost of medical examination (administration &amp; review of immunization history)</b>	<b>NIS 420.-</b>	<b>NIS 680.-*</b>
<b>-Cost of blood serology test</b>	<b>NIS 100.-</b>	<b>NIS 200.-*</b>
<b>-Cost of chest x-ray (required for all applicants over 15 years of age)</b>	<b>NIS 110.-</b>	<b>NIS 240.-*</b>

*Fees include value added tax (VAT).*

*All fees noted above as well as costs of any **additional examination and vaccinations** which the doctor **deems medically necessary** are the sole responsibility of the individual applicant. Doctors' names marked with an asterisk (\*) below are authorized to charge the higher rates marked (\*) above, based on prevailing local rates.*

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Each visa applicant **must** bring to the panel physician copies of his or her medical history, immunization records and prior chest x-rays.

Each visa applicant **must** identify himself/herself to the examining physician and to the radiologist by presentation of his/her passport, identity card, laissez-passer or travel document. The doctor and radiologist must then sign the following statement:

On \_\_\_\_\_ I examined \_\_\_\_\_ ,  
(Date) (Name of applicant)

who presented passport, identity card, laissez-passer or travel document No. \_\_\_\_\_ for identification.

\_\_\_\_\_  
(Signature of Doctor)

After seeing the above mentioned identity document, I x-rayed the above applicant on \_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Radiologist)

**The report of medical examination will not be accepted unless the above statement is signed by the doctor and radiologist.**

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**The visa applicant MUST present the following to the Immigrant Visa Unit:**

1. **this signed statement of the doctor and radiologist, and**
2. **the required medical examination Forms DS- 2054, DS- 3030, DS-3026 & DS-3025 (in duplicate) completed and signed by the panel physician, and**
3. **the X-ray CD-ROM.**

**PANEL OF DOCTORS AUTHORIZED FOR IMMIGRANT MEDICAL EXAMINATION**

**JERUSALEM:**

Dr. Jonty Maresky\*  
Family Medical Center  
9 Diskin Street, Jerusalem  
Tel: 02-5610297

*Sunday to Thursday*  
*8:30 a.m. to 5:00 p.m.*  
*Friday 8:30 a.m. to 12 noon*  
*(an appointment is required)*

**BETHLEHEM:**

Dr. Robert Tabash  
P. O. Box 144  
19 Salesian Street  
Bethlehem  
Tel: 02-2742882 & 02-2743593  
Cellular: 0599 250 053

*Monday to Friday*  
*Morning Hours: 09:00 am to 12:30 am*  
*Afternoon Hours: 03:00 pm to 06:00 pm*  
*(an appointment is required)*

**RAMALLAH:**

Dr. Fahed Khalaf  
Opposite Rukab Building – (Box 53)  
Mahfal Street, Ramallah  
Tel: 02-2953347 or 02-2957786 (0599 841 138)

*Everyday, 8:30 a.m. to 2:00 p.m.*  
*(without appointment)*  
*4:00 to 6:00 p.m. (with appointment)*

**GAZA:**

Dr. Faisal Abu Shahla  
Fahmi Beik Street  
Midan Falastine, Al Hindi Building  
Third Floor, Gaza City  
Mobile: 0599 204 245-Tel: 08-2824878;08-2820839

*Saturday – Thursday 03:00 to 07:00 p.m.*  
*(with appointment)*