



## CONSULATE GENERAL OF THE UNITED STATES

LEVEL 59 MLC CENTRE 19-29 MARTIN PLACE SYDNEY NSW 2000

61-2-9373-9200 <http://sydney.usconsulate.gov/sydney>

### SECTION I: PRINCIPAL APPLICANT TO COMPLETE THIS SECTION

My passport, or other official identification document on which my photograph is attached, contains the following information:

Full name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Place of issue: \_\_\_\_\_ Nationality: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's signature - in presence of panel physician) (Date)

### SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

I am satisfied that the person being examined is the bearer of the passport or other document described above.

Signature of examining panel physician: \_\_\_\_\_

Signature of X-Ray supervisor: \_\_\_\_\_

Signature of laboratory technician: \_\_\_\_\_

9 FAM 42.66 Exhibit II

The applicants must have 3 recent photographs of themselves, with the likenesses confirmed with official documents containing the applicants' photographs. One photo will be presented at the time of the panel physician contact, and will be attached to the front of the **Medical Examination for Immigrant or Refugee Applicant (DS-2053)**. The other two will be separately attached to the requests for blood collection, and for Chest X-ray.