For the medical examination for US immigration process you need to prepare:

- 1) 6 recent photos (3*4 cm) for each person
- 2) Valid passport and copy of the 1-st page(page with the photo)
- 3) Case number (bring your US Government appointment letter with you).
- 4) In order to assist the panel physician, and to avoid delays in processing of an immigrant visa, all immigrant visa applicants should have their vaccination records available for the panel physician's review at the time of the immigrant medical examination. Visa applicants should consult with their regular health care provider to obtain a copy of their immunization record, if one is available. If you do not have a vaccination record, the panel physician will work with you to determine which vaccinations you may need to meet the requirement. Certain waivers of the vaccination requirement are available upon the recommendation of the panel physician. Only a physician can determine which of the listed vaccinations are medically appropriate for you, given your age, medical history and current medical condition. Missing vaccines are available in our hospital, but for additional charge.
- 5) Present address of residence and intended USA address, city, state with postal codes printed on the separate sheet of paper.

| Table: Requirements for routine vaccination of immigrants examinedoverseas who are not fully vaccinated or lack documentation. | | | | | | | | | | |
|--|----------------------|----------------|--|---------------|----------------|----------------------------|----|--------------|--|--|
| Vaccine | Age | | | | | | | | | |
| | Birth- 1 Month | 2-11 Months | 12 Months- 6 Years | 7-10 Years | 11-17 Years | 18 64 Yea | 4 | ≥65 Years | | |
| DTP/DTaP/DT | NO | Y | ΈS | NO | | | | | | |
| Td/Tdap | | NO | YES, if 7 years and older (for Td); if 10 years through 64 years (for Tdap- see ACIP schedule); if 65 years and older (for Td) | | | | | | | |
| Polio (IPV/OPV) | NO | | YES | | | | NO | | | |
| Measles, Mumps, and Rubella | ٢ | 10 | YES, if born in 1957 or later | | | NO, if born before 1957 | | | | |

| Table: Requirements for routine vaccination of immigrants examined overseas who are not fully vaccinated or lack documentation. | | | | | | | | | | | |
|---|----------------------|--------------------------------------|--|---------------|--|--------------------|------------------|--|--|--|--|
| Vaccine | Age | | | | | | | | | | |
| | Birth- 1 Month | 2-11 Months | 12 Months- 6 Years | 7-10 Years | 11-17 Years | 18- 64 Years | ≥65 Years | | | | |
| Rotavirus | NO | YES, if 6 weeks to 8 months | - | NO | | | | | | | |
| Hib | NO | | S, if 2 months through 59 months NO | | | | | | | | |
| Hepatitis A | I | NO | YES, if 12 months through 23 months | NO | | | | | | | |
| Hepatitis B | | YES, bii | rth through 18 | | NO | | | | | | |
| Meningococcal (MCV4) | NO | | | | YES, if 11 years through 18 years | NO | | | | | |
| Varicella | 1 | NO | YES | | | | | | | | |
| Pneumococcal | NO | | onths through is (for PCV) | | | | YES (for PPV) | | | | |
| Influenza | NO | | YES, 6 months and older (annually each flu season) | | | | | | | | |

- 6) If you suffer from chronic illness, have been treated for any disease or are under psychiatric care, please, present these medical files in English on your medical examination.
- 7) The fee for the medical examination (including Chest X- Ray, Lab. tests and medical check- up) for people older than15 years is 45 000 AMD ,for those younger than 15 years to 2 year-old 32 500 AMD and for applicants from 0 to 2 year-old is 31 500 AMD.

487 AMD. = 1 \$

Please, take into account the currency instability. The payment must be done in cash in AMD. No credit cards can be serviced.

- 8) For preparing your medical report we need 3 to 7 days, in the case when you have all necessary documentation with you. To escape the rush, please, schedule your appointment 1 week in advance.
- 9) Please, e-mail or phone me as soon as you will be ready for making your appointment.
- 10) My phone number 00374-91-205143 if phoning from abroad. If you phone from Yerevan, just dial 091 205143 or (10)567265 People speaking only Farsi can call 00374-94-408992 E-mail – kristinekhachatryan@ymail.com

10) My office address; 114 Muratsan str., < Muratsan> University Clinic, II floor, Room N222 Yerevan, Armenia

> Best regards, Dr. Kristine Khachatryan