

Immigrant Visa Medical Information

American Consulate General Chennai

220, Mount Road
Chennai 600 006
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The following doctors have been approved by the Consulate General to give medical examinations, immunizations and laboratory tests for Immigrant Visa applicants. The examination and immunizations they give conform to the standards and terminology prescribed by the United States Public Health Service (USPHS).

All applicants must have tests performed at the Lister Laboratory. You need not schedule an appointment at the Lister Laboratory, but should allow at least three working days before their scheduled Immigrant Visa appointment for the laboratory tests to be completed. Applicants must be examined at the laboratory between 8 am and 10:30 am in order to receive their laboratory results the same day.

Lister Laboratory, Corporate Services Division, No. 13 (Old No. 6) Jagannathan Road, Nungambakkam, Chennai 600 034
Tel: 8222561, 8222562 Fax: 8258242 Hours: 8 am to 10:30 am, Mon – Sat; pickup daily 5:30 to 6:30

The physician's visit should occur after the laboratory tests and be at least two working days before the IV appointment. Please telephone the doctors during working hours and make an appointment at the clinic of any of the doctors listed below. Bring the completed laboratory test results with you. The completed medical reports, which will be given to you by the physician, must be brought to the consular section of the Consulate General by the time of your visa interview. You may see any of the following physicians:

Dr. V. Rajkumar, 1 Club Road, Chetpet, Chennai 600 031
Tel: 8265122 Hours: 8 am to noon, Mon – Sat

Dr. N. Vijayalaksmi, Padma Nursing Home, 753 Poonamalle High Road, Kilpauk, Chennai 600 010
Tel: 6413445, 6413446 Hours: 10 am to 4 pm, Mon – Sat

Dr. Mathai Thomas, Best Hospital Pvt. Ltd., 9 Vellala Street, Kodambakkam, Chennai 600 024
Tel: 4832777, 4832781, 4831407 Hours: 4:30 pm to 7:30 pm, Mon – Sat

Dr. Usha Sriram, E.V. Kalyani Hospital, No. 4, 2nd Street, Dr. Radhakrishna Road, Mylapore, Chennai 600 004
Tel: 8547475, 8521941 Hours: 9 am to noon, Mon – Fri

Complete the particulars on the reverse of this sheet, affix your photograph, and take the sheet and your passport to the laboratory. The laboratory physician will include that sheet in the results given to you to bring to the doctor's clinic; bring your passport with you to the doctor's clinic. The fee for the medical examination is as follows:

Rs. 450 for general physical check and administration of vaccinations
Rs. 600 for initial laboratory tests (fees up to Rs. 3300 if additional tests are needed)
Rs. 3450 maximum for vaccinations

The fees must be paid in cash directly by you to the laboratory and the doctors. If further tests are advised by the doctors, you must be prepared to undergo them and pay the related costs.

Normally, children under 15 years of age are not required to undergo chest x-rays, blood tests, or the HIV anti-body test, but they must undergo immunizations and a general physical examination.

The medical reports are valid for a period of one year from the date of your medical examination. The examination must be repeated if the reports have expired or will expire prior to your entry into the United States.

A blood test to check for HIV is required of your medical examination if you are over the age of 15. HIV is the virus that causes Acquired Immuno-Deficiency Syndrome (AIDS). AIDS is the name given to a group of illnesses that may occur in persons affected with HIV. Infection with HIV causes a defect in a person's natural immunity against disease. This defect leaves infected people vulnerable to serious illnesses that would not usually be a threat to anyone whose immune system is intact. This test is not to diagnose AIDS, but to detect antibodies to the virus. If the result is positive, it does not necessarily mean that you have AIDS or will get it. The results of your test will be provided to a consular officer; also, it may be necessary to report the health authorities in this country.

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Date of initial laboratory exam:

Date of physical examination:

Date of follow-up laboratory tests:

Title: Dr. / Mr. / Mrs. / Ms. / Mast. / Miss

Name:

Address:

Place of birth:

Date of birth: _____ / _____ / _____
Day Month Year

Passport Number:

Please attach
photograph here.

Signature of the Lab Technologist

Signature of the Applicant

Signature of the Radiographer

The person named above has undergone the laboratory exams at Lister Laboratory and the case reviewed by me.

The person named above has been medically examined by me and my report is submitted on the attached form OF-157.

Signature of the Lab Physician

Signature of the Examining Physician