

## U.S. MEDICAL QUESTIONNAIRE

(**MUST** be completed and **signed** by applicant prior to medical appointment)

<b>CASE NUMBER:</b>		<b>VISA CATEGORY:</b>	
<b>NAME:</b>	<b>(Last)</b>	<b>(First)</b>	<b>(Middle)</b>
<b>DATE OF BIRTH:</b>	<b>AGE:</b>	<b>GENDER:</b> male <input type="checkbox"/> female <input type="checkbox"/>	
<b>BIRTHPLACE: (City/Country)</b>			
<b>PRESENT COUNTRY OF RESIDENCE:</b>			
<b>PRIOR COUNTRY:</b>			
<b>NATIONALITY:</b>		<b>OCCUPATION:</b>	
<b>CURRENT ADDRESS:</b>			
<b>TEL:</b>		<b>EMAIL ADDRESS:</b>	
<b>INTENDED U.S. ADDRESS:</b>			
<b>HEIGHT (in centimetres):</b>		<b>WEIGHT (in kilos):</b>	
		<b>YES</b>	<b>NO</b>
<b>1</b>	Have you ever been hospitalized (including psychiatric admission)?		
<b>2</b>	Have you been investigated or treated for any major illnesses?		
<b>3</b>	Have you ever had treatment or investigations for TB or been in contact with anyone that has TB?		
<b>4</b>	Have you ever had any kidney or liver disease?		
<b>5</b>	Have you ever had any mental disorder or depression?		
<b>6</b>	Have you ever used drugs?		
<b>7</b>	Have you ever had an addiction to or abused alcohol?		
<b>8</b>	Have you had any form of treatment or investigations for alcohol or drug abuse?		
<b>9</b>	Have you ever caused deliberate injury to yourself or others?		
<b>10</b>	Have you ever been arrested, convicted or received a warning for any drug or alcohol offense (including driving) anywhere in the world?		
<b>11</b>	Do you take any medication? (Please list all medications on a separate sheet)		
<b>12</b>	Have you ever had a previous medical for immigration purposes?		
<b>13</b>	Are you pregnant?		
If the answer is yes, please provide evidence of pregnancy/copy of pregnancy test result.			
Date of last period:		Expected delivery date:	
<b>DATE:+</b>		<b>SIGNATURE:</b>	

If you have answered YES to any of the above, please use a separate sheet to give further details.